Maternal and Child Health Services
Title V Block Grant

State Narrative for Palau

Application for 2010
Annual Report for 2008

Document Generation Date: Monday, September 28, 2009

Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

//2007//. These documents were submitted in Grants.gov for fiscal year 2008.

/2009/ The website address is: www.palau-health.net. Certifications and Assurances are available at: Ministry of Health, Bureau of Public Health, P.O. Box 6027, Koror, Republic of Palau 96940. //2010//

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

/2008/ In fiscal Year 2007, the public input process is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. Throughout 2007, core staff and community collaborative partners have been doing presentations in the communities. Prior to developing the presentation, we had analyzed various data sets that became the lead topic of the presentation. Analyzed data came from the school health screening, nutrition assessment, psychosocial assessment of pregnant women, family planning practices including assessment of sexually transmitted infections, body mass indexes for all age groups and community profiles from the census including YRBS and YTS data. Risk factors were identified including identification of practices and behaviors that
Ratios and relative risks were statistical measurements that we risk associations. A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members
and presented. This presentation encompasses life cycle issues that are present in Palau (infants, children, children with special health care needs, pregnant women, men and women of reproductive age). Along
with this presentation, are other short presentation on bullying focusing on different audience that teaches bullying prevention. An evaluation component of this presentation has also enabled us to improve its content so that it is more relevant to Palau communities. Notifications to communities are through the offices of governors, CHC Councils, PTA's, schools and through public radios. Traditional means of community meetings notification systems are not used. The reasons being, this system is quite stratified and usually the "havenots"
become the group whose opinions are not voiced.

From the community presentations, we capture comments and recommendations relating to services improvements. One of the main focus that has been identified from various communities of Palau relate

to parenting skills, issues, and practices. Through funding from ECCS, we are organizing parenting training for the communities which most likely will happen in 2009. The improvement in our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The following format of the "Community Engagement" is similarly used in all communities that are visited. However, due to our ability that has been built in the past, we are able to feature "community-specific" information in our presentation.

These inputs from the communities largely drive our National and State Performance Measures including the design of strategies and activities to be undertaken in 2009. We decided to use this method of capturing public input rather than a "public hearing" format, as in this format, no one shows up, even though it is announced through newspapers and radio. //2009//

//2010/ The public input requirement for this year continues to be similar with last year. In the interim years, Palau meets its public input through continuing and improving community exchanges through participation. The public input process is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to various communities of Palau. This presentation encompasses life cycle issues that are present in Palau. Along with this presentation, are other short presentation on bullying focusing on different audience that teaches bullying prevention. An evaluation component of this presentation has also enabled us to improve its content so that it is more relevant to Palau communities. Notification for community meetings are sent through the Offices of the Governors, CHC Community Representative and through the schools' PTA Representative.//2010//

II. Needs Assessment

In application year 2010, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

/2006/ To sum up needs assessment activities in this fiscal year, an epidemiologist and a statistician were hired in April of this year. In the last several months, they have assisted us in organizing data for this application and at the same time, we are organizing a "Health Status Report" which will follow the format of "U.S. Children's Health Status Report", published by MCHB/HRSA. This report will be posted on the Ministry of Health Website and will be circulated to our political audience and national leadership.

A Needs Assessment for all the MCH population is attached as part of this application.//2006//

/2008/ - The Needs Assessment Summary is attached as a component of the section "Needs Assessment".//2008//

/2009/ In 2007, as discussed in the public input section, the needs assessment for this fiscal year followed similar process. Throughout the year, in our community engagement process, we enrolled community discussion on identified needs of the MCH population. From these discussions, the FHU aligns itself to address identified community needs. The needs assessment process also follows the community engagement process in that needs are reflective of the MCH age group. The important factor that came out of these community discussions is to increase effort in developing and improving parental skills in various health risk factors, such as:

• obesity/nutrition/physical activity for all age groups,
• psychosocial issues in pre adolescent years,
• relationship of obesity to other health risk factors such as bullying, depression and suicidal ideation,
• hypertension and diabetes and their relationship to risk factors of increased glucose and protein in the urine,
• vision and hearing as they relate to academic performance in school
• including substance use and their effects on health.

FHU MCH Program in collaboration with its community partners and collaborators have developed community training materials that in the next year will be used in providing parental education and training in the communities. Within the collaborative groups, non-health members are being oriented and trained to be community educators. Key staff in the program will take part as professional support to the community educators. To sum up, needs assessment activities in this fiscal year has improved with an added staff in epidemiology and statistics. Throughout the year, they have worked to organize data for this application and at the same time this has enabled our presence in the community to be more evidence and best practice based. One other area of need that we still need to establish in FHU MCH Program is the research activity that will enable us to understand the health of pregnant women and their influence of the health of their infant. This is a project that will undertake in the coming years. //2009//

/2009/ In the 2009 Needs Assessment, excerpts from the "Health Status Report" was developed and used as part of the community engagement. From these engagements, perceptions from the communities are collected and translated into the Title V strategies and activities. The improvement in our ability to capture, analyze, report health status information back to the communities and engaging the communities in discussions and decisions on how to help them

address their issue, has greatly improved our relationship with various communities and stakeholders.

One of the main areas of need identified from various communities of Palau relates to parenting skills (hyperlink to trategies/activities), issues, and practices.

C. NEEDS ASSESSMENT SUMMARY

As discussed in the public input section, the needs assessment for this fiscal year followed similar process. Throughout the year, in our community engagement process, we enrolled community discussion on identified needs of the MCH population. From these discussions, the FHU aligns itself to address identified community needs. The needs assessment process also follows the community engagement process in that needs are reflective of the MCH age group. The important factor that came out of these community discussions is to increase effort in developing and improving parental skills in various health risk factors, such as:

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One other area of need that we still need to establish in FHU MCH Program is the research activity that will enable us to understand the health of pregnant women and their influence of the health of their infant. This is a project that will undertake in the coming years.//2010//

III. State Overview

A. Overview

//2004// - Health services in the Republic of Palau continues to be heavily subsidized by the Government. However, a great proportion of this budget goes into funding of secondary and tertiary medical services. Almost all funding that goes into supporting Title V-MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. Below is Budgetary Distribution by Level of Care

Health Budget as a Percentage of Total National Budget	11.2%	
Per Capita Expenditure on Health)	$339	
% of household earning less than $2,500 per anum (Poverty)*	15%	11%
% of household earning less than $5,000 per anum (Economically Vulnerable)*	10%	

MOH Expenditure on:**

- Medical Referral (N-130) = $6,153
- Hospital Admissions (N=2,900) = $1,482
- Primary, Preventive & Promotive Services (N=100,000) = $9

Available services by Level of care

Under the most recent organizational structure of the Ministry of Health, Bureau of Public Health, the Maternal and Child Health Programs is under the direct management of the Chief of the Division of Primary Health Care. This division has two Administrators, Administrator of Preventive Services and Administrator of Primary Health Care Services. MCH is in a unique position in that in relation to administrative matters, the program receives its directives from the Administrator of Preventive Services and on more programmatic and service delivery wise, it is directed under the Administrator of Primary Health Care Services.

Based on this organizational chart, MCH Program provides direct services such as Prenatal and Postnatal care, Childhood Immunization Program, Gynecological and Cancer Screening Services, and Well-child services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

Health Resources and Distribution by Level of Care:

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the $.9 million dollars that supports close to 100,000 encounters each year.

Available Primary and Preventive Services in the Family Health Unit (Title V-MCH Program) - All service sites.

- Preventive/Promotive Activities
- Childhood Immunization
- Prenatal Services
- Birthing/Parenting Activities
- Postpartum Services
- Women's Health Services
- Family Planning
- Well-baby Services
- CHSCN Services
- Home Health & Geriatric Serv.
- Behavioral Health Services
- PH Clinics

Available specialties and sub-specialties in Family Health Unit:

- Physicians (Pediatrician/ObGyn)
- Interns/Residents (General Practice)
- Nurse Practitioners (Women's Health)
- Nurses
- Social Workers
- Health Educators
- Nutritionists
- Counselors
- Lab Technicians
- X-Ray Technicians
- Clerks
- Psychiatry (referral basis)

Hospital Based Services =

- Delivery
- Pediatric Services - hospital based
- Audiology/ENT Services
- Specialty Clinics
- Emergency Medical Services
- Urgent Care Services
- Medical Records
- Data Management
- Financing/Finance Management

Tertiary Medical Care

- Medical Referral
- Intensive Care services for pediatric, Adolescents and women
- Tripler Army Med. Center
- Philippine Hospitals

//2007// - Under infrastructure initiative to enable the Family Health Unit/MCH Program to improve its services to its population, the following initiatives have been initiated:

- Universal Newborn Hearing Screening and as an offshoot of this initiative, hearing screening for older children have also improved to better screening/treat middle ear diseases.

- Universal School-based Health Screening - Children in schools (both private and public) are screened annually for general health, mental health and substance use problems. Intervention are provided through referral to specialized services in the Hospital, Behavioral Health Department and through home visitation. We have also revised our well-baby services requirements to screen annually from age 3 years old until school entry.

- We are screening for prenatal and post natal depression. Treatment and intervention are also provided onsite or through referral. In recent "Schizophrenia" studies of the Palauan population, Palauans are 2 to 3 times more at risk for this mental health problem than the rest of the world population.

- We have begun a school-based substance use intervention program. This is a new initiative that begun just a few months ago. We will be able to report on its progress in the next grant cyce.

- The FHU/MCH Program is partnering with HIV/AIDS and Breast and Cervical Cancer Screening Program on the formulation of a male health program. Most likely this program will be integrated with on-going health program for the MCH population, however, discussion on more community-based initiative has been core in our discussion.

-There is an initiative to integrate important cultural values in our school readiness program for early childhood. This is a much larger initiative that has been undertaken by an interagency collaborative group. In recent discussion, the adolescent and early childhood collaborative would like to merge and create a larger group that will play an advisory role for the MCH program. This is good as the program grows and mature, to invite more community participation in its effort to respond to community needs.

- Under the Adolescent Health Collaborative, we have partnered with all the schools in the republic, both public and private to work on ways that health and physical activity classes can be merged in terms of delivery. This has been going on for the last two years, and the next scheduled activity will be to work with classroom teachers in integrative lesson planning process whereby both curriculum are integrated into daily lesson plans.

/2009/ The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care.

Available services by Level of care

FHU/MCH Program provides direct services for children with special health care needs and high risk prenatal mothers. Population based services such as Prenatal and Postnatal care, Childhood Immunization Program, Family Planning, Gynecological and Cancer Screening Services, and Well-child services, and school health screening & intervention are also part of the Unit's services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

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Family Planning
Well-baby Services
CHSCN Services
Home Health & Geriatric Serv.
Behavioral Health Services
PH Clinics

Hospital Based Services =
Delivery
Neonatal Services including
Universal Newborn Hearing
Genetic/Metabolic Screening
Audiology/ENT Services
Specialty Clinics
Emergency Medical Services
Urgent Care Services

Tertiary Medical Care
Medical Referral
Intensive Care services
for pediatric, Adolescents and women

Infrastructure and Capacity Building
Medical Records
Data Management
Financing/Finance Management//2010//

B. Agency Capacity

//2004// - The Republic of Palau's Family Health Unit implement the Maternal and Child Health Program. Services in this Unit comprised of services geared toward Family well-being including but not limited to Women and men of reproductive age group such as Obstetrics and Gynecology for women and male health primary and preventive services, Prenatal Services, Postnatal and reproductive health services (male/female), Well Child Services for infants, children, which includes immunization, and services for children with Special Health Needs. Services for adolescent is provided in collaboration with the School Health program that is part of the Primary Care Division. As part of the School Health improvement, a school-based clinic which opened in 1999 within the campus of the only public High School in Palau. This clinic is within walking distance for student at the Palau Community College who makes frequent use of this facility. An additional clinic was opened in Harris Elementary School in 2001. Behavioral Health Services are accessed on an as-needed basis. Family Health Unit is becoming a strong partner in Adolescent health services. The Unit also worked in partnership with Milad'l Dil and implemented a pilot hotline service in 2004. We also have created an Adolescent Health Collaborative Program as another component of of Family Health Unit programs. We hired a coordinator and

have worked to implemented many school based preventive and promotive activities. The coordinator also works as a part time counselor/social worker in the schools and the community. She also works with the Office of Probation with those children who comes in contact with the law and requires intervention. A Family Health Care Coordinator who was hired in 2002 has continued to work to improve our services for families and especially children. We also implemented PRAMS-like survey in 2003 and in 2004 our results were assesed. Based on these results we h ave implemented birthing and parenting classes for expecting mothers and their husbands/partners. This class is one of the way we are implementing programs that targets at specific health risk factors, in this instance to have a positive influence on the poor birth outcome of specifically Palauan women. We are also working with elementary schools, private kindegarten and the Head Start Program to develop early care concept that intruduces and prepares children for school entry. All the schools, private and public are partnering with us in this endevour. Also through the results of the PRAMS-like survey, we also implemented psychological/mental health evaluation of our prenatal and postnatal mothers. We partnered with the Division of Behavioral Health to provide a referral link for our moms and their families. We have 2.5FTE counselors/social workers on our staff who provide onsite/home care of our moms. Referrals for psychiatrist to visit homes are made when it becomes necessary.

Behavioral Services are now provided within the Clinic in conjunction with mental/behavioral health screening. Dental screening services for Prenatal and Well-child services are provided on-site by a permanently assigned dental nurse. Mothers and children who are found to require services are then referred to Dental Clinic for appropriate services, free of charge.

//2005// - We continue with last years activities in additon in 2005 we completed the 2004-2005 PRAMS-like surve and are now analyzing the result. We were fortunate to obtain a medical /epidemiology student from the University of Washington who is now assessing our data. Preliminary indication points very important factors that will assist us in our planning and program strategies and activities.

//2006// - Major accomplishments in this year are completion of School Health Screening and the Pregnancy Risk Assessment (PRAMS-like) surveillence. Results of these two monitoring have been completed. They are now being looked at, however two main things that are coming out of these surveillence systems are as follows: Pregnant women residing in extended family system tend to have babies who, for one reason or another, tend to stay in hospital longer than normal. In areas of adolescent health, adolescents who are sexually active tend to have higher risk for suicide ideation and attempt. At this stage of data analysis and program development, we are now providing counseling for these students and are looking deeper into the risk identified in the PRAMS-like surveillence system. We have also identified two staff from the Phillipiens to fill the post of MCH Epidemiologist and Bio-statistician who can be compensated within the funding level that we currently have. These are necessary component of the staffing scheme for the Family Health Unit that for the first time, we are now trying to fill. We have never had an empidemiologist as a core staff in the staffing pattern of Palau Public Health System. We are now trying to fill post that will provide management capacity to implement evidence-based programs for the MCH population.

//2007// - We have hired an epidemiologist and a statistician from the Philippines. The cost of hiring these two key staff from the Phillipines is much lower than hiring similar posts from the United States. This is a strategy we have undertaken so that the dollar value of our grant monies is stretched. We also have begun the newborn hearing screening and a report is attached as part of this report.

/2009/ - In 2008, Our internal capacity to better monitor program activities was expanded in 2008 with the development and enhancement of a data base to capture and monitor school screening interventions. This data base was created to specifically monitor intervention activities that specifically address individual needs of students who are screened and found to have psychosocial issues. This data base enables FHU program to monitor and evaluate services that

are being provided and the outcome of those services. Interventions captured in the database includes: screening, diagnostic evaluation, crisis intervention, case supervision, outreach visit/home visits, individual and group counseling, health education, treatment planning, cessation, and referrals etc.

Another capacity building that took place in year 2008 was the creation of a Social Health Service unit within the Bureau of Public Health. This unit is responsible for the management and coordination of all social services activities for the Bureau. This addition to the exiting organization structure will enable programs providing social services to streamline services and activities and to avoid duplication of services. FHU will continue to monitor and track the social services for the MCH population. This social health service unit will enable FHU to better coordinate social services with other programs within the Bureau of Public Health.

In 2008, FHU began the hiring process for a male health coordinator and a reproductive health coordinator. With funding from Palau's Family Planning Program, FHU was able to hire these two positions this year. These positions will be responsible for the development and expansion of reproductive health services for the MCH population. The integration and expansion of reproductive health services to MCH services will enable the program to provide comprehensive services that meets the need of the MCH population. These two positions will work together in developing gender health services which includes screening, testing, treatments, health education, referral linkage and counseling.

Another major accomplishment in 2008 was the passage of the Early Childhood Comprehensive Legislation. This legislation provides for provisions of preventive health services for children. This legislation enables FHU to implement policies that guides and direct services addressing the wellness of children. Included in the provisions of services are basic health service that includes screening, referrals, and interventions. This legislation also encourages community collaborations for provisions of care. The ECCS also conducted a comprehensive state wide survey on early literacy. Results of the survey are being analyzed and we will be able to report them in the next reporting year.

In 2008 FHU had a series of meetings with the Catholic Mission Schools in expansion of school health services within catholic schools. In end of year 2008, the Catholic Mission gave FHU an office space at their high school. This year in 2009 FHU will implement adolescent health support service program at Midndszenty High School. The purpose of this program is to make services accessible for students on campus. Services to be provided will include provisions of primary and preventive health.

Information gathering, analysis and reporting are mainly at the program level with collaboration with Public Health Information and Epidemiology Department. However there are certain instances where interfacing with the Ministry's electronic information systems becomes necessary. These are usually information where hospital admission and discharge diagnosis, and other public health services encounter information will become needed as part of information analysis and reporting. For example, asthma hospitalization for under 5 years of age, and injury related deaths and admissions are some of the information that we have yet to receive from the MOHMIS. For 2008, obtaining hospital information became such a challenge that at the time of submitting the application, we were still unable to obtain the data from the Ministry of Health's Information Management System. Working with this department has been such a challenge over the years, however, the last two years have been more challenging than others.

As part of program monitoring, the various schools of Palau have been trained to implement intervention for school identified health risk factor. FHU assists these collaborative partners in assessing and analyzing their children's health information as they change. Through these capacity building initiatives, relationships with our partners have greatly improved. Over the past 4 years, FHU has compiled a dearth of information on children's health including psychosocial health. FHU's partnership with its collaborative partners will probably throughout 2009 and 2010

and prior to the next needs assessment, will have completed secondary data analysis on children's health which can be used as evidence-based information specifically for the Palau //2010//

C. Organizational Structure

//2004//Title V Maternal and Child Health Program is administered and implemented by the Palau's Ministry of Health, Bureau of Public Health under the Division of Primary and Preventive Services.

The Family Health Unit which operationalizes the Title V MCH program is under the Division of primary and Preventive Services; one of the four divisions under the Bureau of Public Health. The Family Health Unit Administrator oversees the unit vision and mission as they relate to the health of all MCH population including the health of Palauan families and male of reproductive age group. Presently, the administrator works under the direct supervision of the Chief of the Division of Primary and Preventive Health Services. A nurse practitioner supervises the daily supervision of clinic staff and works under the supervision of the Public Health Nurse Supervisor who is under the Office of Nursing Management. The FHU Administrator, Clinic Supervisor and the Public Health Nurse Supervisor MCH Coordinator work in collaboration with other divisions in the Bureau of Public Health to assure that services, programmatic and ministerial responsibilities to the health of the MCH population are continued in a manner that is acceptable to the public and the policy of the Palau Government. At the same time, the FHU Administrator is responsible or the preparation of annual grant application and annual report and other administrative functions. The division chief and the director are responsible for program policy development.

The Bureau of Public Health is one of the two bureaus under the Ministry of Health and is headed by the Minister of Health. The Minister of Health is appointed by the President of the Republic of Palau.

//2005// - The attached organizational chart explains the restructuring that has taken place in Family Health Unit which administers the Title V MCH Grant. This restructuring opens the Unit to be more life cycle, family oriented in its services, and has developed internal capacity to be more evidence based in its program planning process. The organization chart has been approved by the Ministry of Health management. In so doing, it has opened many discussions on the importance of Family health and MCH program. At this point the development of the Unit's 5 year strategic plan has encouraged inter-program discussion and strategy planning on methods whereby the various programs can contribute to the improvement of health within the life cycle model and therefore feed into providing services for the MCH population. This is a positive result of several years of promoting the development of Family Health and MCH program to the point where it is now more understood and appreciated by many programs within the Ministry of health and also the community.

From discussions during the recent FHU Conference, a need was posed by many that there is need to develop a community collaborative/advisory group for FH Programs. This is an indication that the community is getting better acquainted with the program and therefore see the importance of strengthening it.

//2006//- In 2006, the Ministry of Health adopted a vision (Healthy Palau in Healthful Environment) and mission statement that pushes the issue of Family Health/MCH Population to be one of the core components of its mission. In fact the second and third component of the Mission statement are " promote health and social welfare and protect family health and safety". This is the first time in the ministry that the term has appeared in its mission statement.

//2007// Not much change have occured in the Unit, however, we have really strengthen our activity in data analysis capacity building. The Ministry of Health have decided to integrate all information system which include the Unit's information systems With this integration, changes are occuring in the last two years, which have not provided us the know-how to organize our systems. The recently hired statistician from the Philippines is also a programmer. She is assisting us in re-establishing our databases/structure/reports and etc. She also will be responsible to re-train our staff in the system.

/2010/ Title V Maternal and Child Health Program is administered and implemented by the Palau's Ministry of Health, Bureau of Public Health under the Division of Primary and Preventive Services.

The Family Health Unit Administrator oversees the unit vision and mission as they relate to the health of all MCH population including the health of Palauan families and male of reproductive age group. A nurse practitioner supervises the daily supervision of clinic staff and works under the supervision of the Public Health Nurse Supervisor who is under the Office of Nursing Management. The FHU Administrator, Clinic Supervisor and the Public Health Nurse Supervisor works in collaboration with other divisions in the Bureau of Public Health to
assure that services, programmatic and ministerial responsibilities to the health of the MCH population are continued in a manner that is acceptable to the public and the policy of the Palau Government and the Title V MCH Grant legal mandate. The Bureau of Public Health is one of the two bureaus under the Ministry of Health and is headed by the Minister of Health. The Minister of Health is appointed by the President of the Republic of Palau.The attached organizational chart explains the current structure of Family Health Unit. This structure created a service area that is more life cycle, family oriented in its services, and has developed internal capacity to be more evidence based in its program planning and implementation process. The organization chart has been approved by the Ministry of Health management. In so doing, it has opened many discussions on the importance of Family health and MCH program.

The Ministry of Health adopted a vision ("Healthy Palau in Healthful Environment") and mission statement that pushes the issue of Family Health/MCH Population to be in the forefront of its mission. In fact the second and third component of the Mission statement are "promote health and social welfare" and "protect family health and safety". This is the first time in the ministry that the term has appeared in its mission statement. The FHU/MCH Program further expands and focus its roles by adopting of a mission statement that says "…responsible
for improving the health of the MCH population through provision of comprehensive public health services"

Discuss how the reflection of evidence-based process in the organizational structure:

Attached is the current FHU Organizational Chart that will provide additional information on the structure of the Unit. //2010//
An attachment is included in this section.

D. Other MCH Capacity

//2004// - The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary

medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the $.9 million dollars that supports close to 100,000 encounters each year.

//2004// Other capacities ingrained in the Palau Family Health Unit, is the ability to work with other external agencies, ngo's to broaden the coverage of the MCH program. In this year, the Unit worked with the Ministry of Community and Cultural Affairs to develop a National Policy on Youth. This document contains many issues that requires the Ministry of Health, specifically the FHU to work collaboratively outside the boundaries of the MOH. The Unit also took the initiative this year to develop a collaborative Memorandum of Agreement with 17 agencies otuside of MOH to create an Adolescent Health Collaborative. From this agreement, Palau High School have agreed to provide the Unit a space to house an Adolescent Health Program, along with the Division of Behavioral Health. The program will be supervised by the Chief of the Division of Behavioral Health and will work to address needs of individual students/families including group work and counseling services. From this site in the Palau High School, we will also extend our services to other schools and communities. Another initiative undertook by the Unit is the development of Policies and Procedures for the Unit. This process began last year, however, we being asked to complete the Manual for the whole life cycle. The basic parts of it for implementation of prenatal, post natal and well baby services have been completed and implemented in the 3 other super dispensaries, however, the remaining parts are being completed for implementation in the next fiscal year. The Unit also completed a Mental Health Screening tool, in collaboration with the Division of Behavioral Health. We began implementing this tool on July in our prenatal and post natal clinics. We are using the tool to identify pregnancy and post-pregnancy related depression and begin to help people before they become life long problems of women in Palau.

//2005// Other capacity building initiatives worth mention is the neonatal genetic screening. We began discussion on this issue late last years with the University of the Philippines, and to date, we have not finalized agreements. Although this has taken a long time to firm, we feel that it is a worthy initiative and will continue to see that it is established. Intermarriages between Filippinos and Palauans is increasing. With some neonatal genetic disorders being more prevalent in the Philippines, it is to our advantage to see that this initiative is established in Palau. The Newborn Hearing Screening has also been implemented and we have begun screening newborns prior to hospital discharge for hearing problems. In our State priorities we also indicated the need to continue screening up to 2 years of age and probably even beyond to assure that Otitis Media related hearing problems do not develop into life problems that will prevent children from entering schools, hinder their learning process and even become a burden to their growth into adulthood.

//2006// - The staffing pattern for FHU/MCH program has remained same over the last years. The program as mentioned in other sections of this document is managed (administratively/programmatically) by Berry Watson. However, in the last several months, due to retirement and staff vertical moves in the Office of Nursing, a newly appointed Nurse Practitioner has taken over the clinic management. the Program has been offering services in the remote areas through the super-dispensary systems. The Program has also contracted parents of children and youth with special health care needs to conduct surveys and in the near future, we will be hiring a part time parent advocate for CHSCN. As mentioned earlier also, the Program is under the Division of Primary and Preventive Health Services. This division has not had a leadership since its inception and therefore, the Program reports directly to the Director of the Bureau of Public Health.

//2007// - //2006// - Palau continues to work with the University of the Philippines, National Newborn Genetic Screening Program. We need to organize the transporting/sending of blood (contaminated product) in commercial planes that crosses borders of nations. We are at the last stage of this agreement and see the resolution of this formality in 2007. We will be able to begin this screening toward the end of 2007.

In the last 2 years we began psychosocial and mental health screening of pregnant women with intervention and follow-up. The school health screening also identifies children with risk factors and provides intervention through referrals, site-intervention and follow-up care.

Newborn hearing who failed the test: 13
Total newborn screened prior to discharge: 130

Update on the Genetic Screening: An agreement has been signed already between the Family Health Unit/MCH and the University of the Philippines Genetic Screening Program for the latter to do the screening. In this agreement, specimens will be sent to the University by FHU/MCH. However, we are just waiting for the compliance with the shipment/cargo policies to start the genetic screening.

In the School-based health screening initiative - major issues continue to be substance abuse, mainly tobacco and depression. This is a concern as the Palauan population are high risk for schizophrenia. Main issues in physical health relates to higher percentage of children in the overweight/obese stage. For this particular issue, we have two initiatives with the schools. These initiatives are health/pe collaboration whereby classroom teachers in both classes are being helped to be able to integrate both topics. Another intiative is classroom BMI intiiative. Under this intiiative, all classrooms of Palau (both private and public) will have scales, bmi charts and bmi tables. Teachers in classrooms will be assisted to be able to weigh children, convert weights/heights into bmi and finding bmi in the table and traslate the bmi into the chart. The teachers will work with each child in the classroom to understand this process. Another initiative in the screening is the urine test for protein, glucose and occult blood and we do this through urine dipstick on-site. We are finding that we have a rate that is much higher than developed nations such as Japan. Through these information, we will be able to tailor intervention programs more appropriately.

/2008/ At least three fourths (3/4) of FHU MCH funding come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. These funds supports population based services including some direct services. Local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care competes for local resources. Other capacities ingrained in the Unit, is the ability to work with other external agencies, NGO's to broaden the coverage of the MCH program. The Unit has taken the lead in implementing both Newborn Hearing
and Genetic Screening. We have organized and conducted a training on hearing screening and intervention with our other neighbors of FSM and RMI. We also conduct an annual training of teachers in the area of health and Physical Education as a strategy for improving the BMI status of Palau children. We have presented papers in regional conference on the status of obesity and health risk factors in children. Two papers have been submitted for editorial review for publication. One is on health status of pregnant women in Palau (from Palau
Prams-like survey) and the other paper is on schizophrenia and adopted children. The second paper is a collaborative project between key FHU staff and Palau Youth Project. Because Otitis Media related hearing problems is very high in Palau, it is in our next year plan to do an in-depth study on it for the region. This plan is part of our regional collaboration in the UNHSI Grant for 2009.

Within our adolescent health collaborative, we will be training classroom teachers to monitor students' BMI. Under this initiative, all classrooms of Palau (both private and public) will have scales, BMI charts and BMI tables. Teachers in classrooms will be assisted to be able to weigh children, convert weights/heights into BMI and finding
BMI in the table and translate the BMI into the chart. The teachers will work with each child in the classroom to understand this process. Another initiative in the screening is the urine test for protein, glucose

and occult blood and we do this through urine dipstick on-site. We are finding that we have a rate that is much higher than developed nations such as Japan. Many tools have been created and used as part of
health status monitoring and as tools for the continuum of care for MCH population. These tools follows as part of this document.

The Palau FHU/MCH Program have invested over many years to develop its capacity. However, because of our isolation and smallness of our population, and insufficiency of personnel qualification, we are always faced with problems of finding and retaining staff such as epidemiologists, statisticians, pediatricians, obstetricians who are committed to stay in Palau and build the local professional infrastructure/capacity. These problems will continue to haunt us and therefore, we need to build the capacity with LOCAL people in mind, as this is the only sub-population that will have permanency in Palau, while the other sub-population is a mobile population, with professionalism, movement outside of Palau is almost guaranteed.

As a part of developing our staff, 2 FHU staff participated in the Fiji School of Medicine online Epidemiology Course. One of these staff has been encouraged to complete an MPH in Epidemiology, while we continue to source funding for her schooling, she is completing an MPH Certificate in MCH at the University of Hawaii, John Burns School of Medicine.

Newborn Screening implementation took place in 2008 and with current plan for information development, we forsee this program integrated with the CSN/High Risk (Medical Home), Hearing Screening and the development of Birth Defect Surveillance System. These are new development that we have initiated with completion in 2008-2009.//2009//

/2010/ - In 2008, FHU's external partners have undoubtedly play a significant role in FHU's success in providing comprehensive services to meet the needs of MCH population. A major accomplishment in 2008 was the increasing expansion of health initiatives in schools through the annual health and PE teachers workshop organized and conducted by FHU. Through this Health and PE workshop, schools began to develop key initiatives within their schools that addresses health problems common to students as indicated in the school screenings. From the 2008 workshop, seven schools developed and implemented initiatives that began in school year 08-09. FHU supported the planning and implementation of these school initiatives. The following are the school initiatives that are currently ongoing:

1. Peleliu Elementary School- Implemented a water only drinking policy in school. Students and teachers are encouraged to drink water. Students and teachers are prohibited from bringing sodas and other drinks to school. The purpose of this policy is to heightened awareness for students on the importance of drinking water. This policy was implemented after the annual school screening showed that a significant number of students at Peleliu elementary had high levels of protein, glucose, and occult blood in their urine sample.

2. Ngarchelong Elementary and Community Project on Physical Fitness- Ngarchelong began a pilot project to increase the level of physical activity of their students and families through creation of different sport activities and fitness exercise conducted on a daily basis. The purpose of this initiative is to increase the level of family participation in childrens physical health.

3. Melekeok Elementary Initiative- this project aims at increasing level of physical activities for students. Through this initiative, students are encouraged to walk to and school and home. This small community encouraged active walking of students to and from school. Other physical and sporting activities for after schools were created for students and parents.

4. Ngardmau Elementary Initiative- This initiative focuses on suicide prevention through teaching and incorporation of life skills strategies into daily instructions in English class. Activities are designed to promote resiliency factors in children by engaging and encouraging students to take a proactive stand in dealing with conflict

issues.

5. Airai Elementary Initiative- This initiative aims at promoting healthy eating habits. The school developed a gardening project whereby students plant vegetables and fruits to be part of the lunch program. Parents are encouraged to help their children in planting of fruits and vegetables.

6. Koror Elementary School BMI Initiative- this initiative aims at addressing the issue of overweight and obesity through careful monitoring of students BMI. Teachers develop a variety of health activities that that are incorporated into core subjects in the schools. In addition, after school physical activities were developed and students were encouraged to partake in these activities. Teachers would monitor childrens BMI progress and report to parents during PTA's.

7. Maristella Eelementary Initiative on Bullying Prevention- School developed and implement an anti-bullying policy that increases parents participation in bullying prevention in the schools. Parents become partners with the school in addressing bullying. In addition to this, FHU supported the school in creation of age appropriate health education materials on bullying.

8. Belau Modekngei High School Summer Camp Initiative- This initiative targets high school students. It aims at developing and reinforcing positive youth development through incorporation of life skills into culturally relevant activities . Student campers partake in activities that teaches craft skills, weaving fishing, gardening, story telling, dancing, and music.

Another MCH external capacity is through the adolescent health collaborative group. In 2008 FHU through the adolescent health collaborative committee began discussions on the possibility of doing collaborative research on the school health screening data. FHU and school principals began discussions on doing secondary analysis of the school health screening data in comparison to the YRBS data. Analysis of the school health data would yield better information that can guide FHU and the schools in designing and implementing programs that can appropriately address health issues of Palau's children. In 2009 the group had series of meetings in planning and organizing the research. FHU have also coordinated with other multilateral agencies (UNFPA & UNICEF) in this effort. Financial and technical support from these agencies would enable FHU to expand its scope in addressing MCH issues on a broader level within the pacific jurisdiction.

In July 2009, a Presidential Executive Order created a committee for Health and Education to work togather to create an integrated health and PE curiculuum for all schools in Palau both public and private.//2010//

An attachment is included in this section.

E. State Agency Coordination

//2004// - In addition to what has been mentioned in other sections of this document, we also partner with the Primary Health Care Program and have made our services available to all primary health care centers in the north and south islands of Palau. These services are available in 4 super dispensaries; 3 located in the north island of Babeldaob and one located in the south island of Peleliu. This southern dispensary is responsible for the islands of Angaur, Peleliu and the southwest islands of Hatohobei and Sonsorol. Because these last two mentioned islands are over 300 miles accross vast open ocean, field trips are conducted 4 times a year to the islands for delivery of necessary health services. There is also a nurse who is permanently assigned to these islands who provides routine prmary health care on a daily basis. Services in the northern super dispensaries are provided on a weekly basis through visits to the remote villages. These services are additonal activities we have implemented along with already existing primary health care services in these communities.

//2006// - This year we expanded our agency coordination in adolescent health, early childhood

capacity and infrastructure building building initiatives. Under these two initiatives we are implementing systems change to improve and expand community-based and individualized services for pregnant women, infants and children. Including in these initiatives is promote legislations and regulatory measures that will safeguard preventive health and primary health care for children and adolescents during the kindergarten, primary and secondary school years. Through initiatives between CAP, NCD, FH and Behavioral Health, community education on substance use and their effects are taking grounds. The school health assessment have provided us information that we are now sharing with each individual states on the status of health of the children in their respective states. We also partner with State Incentive Grant to develop community resiliency to substance use and abuse and to make available individualized intervention program for those who desire it.

//2007// - For this year, we are choosing to report on each of the MCH popualtion:

- Infants and Children - in the past we have met with clinicians to discuss issues relating to infant mortality rate. These discussion have identified key factors in clinicians practice which may have worked to lower and begin the downward trend in infant mortality.

- Children with special health care needs - Not much change have been implemented, however, the concept of "Medical Home" has been adopted for all children, women and pregnant women services. In this process, all high risk clients are managed in the "Medical Home"

- Adolescents - We are making an indept analysis of the YRBS to identify the risk factors and causitive factors relating to the risk factors. Services are being organized not only for the general population but targeting individual clients and also in the "Medical Home". NGO support from Japan are being targetted for technical assistance and other supports toward the BMI school initiative and the school health screening.

- Pregnant Women - Conversion to BMI measurements to better understand the weight problems as indicated in the PRAMS-like survey. Continuation of psychosocial screening and intervention.

- Women of Reproductive Age Group - Decentralization of STI and HIV screening and conversion of these screening to dipstick based screening will enable us to better address needs of these population including male.

/2009/ - Intra and interagency collaboration is so much ingrained in how FHU works that it has become a second nature to the unit. FHU collaborates with all schools of Palau for its school-based health services; collaboration with states, school PTA's, Head Start and other non-government agencies happen almost on a daily basis as part of community engagement "way of doing things". Traditional leaders are also sought for their guidance and "etiquette" in working with certain traditional groups in various communities of Palau. This year we expanded our agency coordination in adolescent health, early childhood capacity and infrastructure building initiatives. From these collaborative and coordination of services, FHU has lead a community effort for a passage of bill on early childhood. This bill was passed this past April 2009, (RPPL 8-3). FHU's intent was to establish a council that will establish Palau specific requirements for services for children beginning from pregnancy on to 7 years of age. Also through community collaboration and coordination, a national surveillance on "readiness for learning" was conducted on all households in Palau. We coordinate services so that screening for Head Start entrants take place during the regular school health screening and surveillance annually. FHU coordinates with other preventive health services within the Bureau of Public Health in outreach activities so as to share resources, transportation and personnel. The school-based health screening/referral/intervention is a major activity of the Unit that many staff from other areas of the Bureau of Public Health takes part in it. FHU is coordinating services with STUN and Bedochel (tobacco cessation programs) to establish a school-based cessation service in at least two major high schools in Palau. FHU staff also coordinate with all schools of Palau and fill-in as added professionals in classroom instructions in areas of health, mental/social/behavioral health,

physical activity, reproductive health and nutrition.

FHU has also taken an active role by working with other public health programs to influence changes in the Management Information System so that it can be more responsive to end-user needs, more opt to change with the changing information requirements and more advancement in technology.//2010//

F. Health Systems Capacity Indicators

Introduction

Please refer to attachment for all Health Systems Capacity Indicators.

/2009/ The Ministry of Health through its local funding support provides certified/licensed medical staff to Family Health Unit clinics. In addition, diagnostic and pharmacy and rehabilitative services are accessed through collaboration with Belau National Hospital. Social and mental health intervention, dental services and other public health related services are provided to FHU clients also through on-going collaboration between different public health programs. Family Health Unit also has on staff, social workers, counselors, and nurse practitioners who provide services not only in the central clinic but also through field visits to the north island via CHC supported health centers, south islands health centers and also through clinics in the schools.
FHU mainly provides prevention services such as:
childhood immunization (follows CDC Schedule for Childhood Immunization)
well-baby services (2 weeks post birth to before school entry)
pre and post natal services (Obstetrics and Gynecological Services)
health screenings & Referral (Odd grades beginning 1st and ending 11th grades)
family planning services (Contraceptives, Fertility Counseling, referral)
services for children with special health care needs (clinics and referral)
and more recently male health wellness services.
Referral to Belau National Hospital specialized clinics are also available for FHU clients.
Although only about 15% of the general population is insured (2000 and 2005 Census of Population, Office of Planning and Statistics, Republic of Palau), as a constitutional mandate, preventive and primary health care are supported by the Palau National Government, therefore, services that FHU provides fall into this category.//2010//

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	73.1	44.0	14.6	28.9	28.7
Numerator	11	6	2	4	4
Denominator	1504	1363	1374	1385	1396
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

/2009/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007 there were 271 admissions for Upper Respiratory Infections in all age groups. 4 children with a discharge diagnosis of Asthma in tthe under 5 age group were admitted to the hospital with discharge diagnosis of Asthma. When compared with 2006, there is an increase in cases, however, we believe that the health system has improved dramatically so that many cases are handled in the Out Patient and Urgent Care to avoid hospital admissions.

Notes - 2006
In 2006, there were only 2 cases of asthma that are below five (5) years old admitted at the Belau National Hospital. This brings the rate at 14.5 per 10,000 population in this age group. This is lower than the goal of 25 per 10,000 in the Healthy People 2010 Objectives.

What this rate also means is that children in Palau received quality preventive care. With the intensive health promotion and education, patients and primary care givers have likely modified their behaviors and improved access to health care such that only very few of children with asthma require hospitalization. As primary care givers understand Asthma, it is likely that preventive behaviors could have been adopted like choice of food, control of the environement etc.

This rate can also be an alternate indicator of access to medicines of children since asthmatic patients. Without medications, those with asthma are likely to develop Acute Exacerbation or one of the complications - Status Asthmaticus -requiring hospitalization.

Tracking of the number of asthmatic patients in this age group admitted at the hospital is done with the database of the Medical Department.

Narrative:
//2007// - Data reported under this measure reflect hospital discharge/summaries for Medical Ward/Pediatric Section. It seems to indicate a decrease in asthma hospitalization in under 5 years olds, however, we may need to review urgent care and emergency room admissions as there is a general feeling that this is increasing.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0			
Numerator	0	0			
Denominator	259	317			
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007
//2008/ - Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

Notes - 2006
Palau does not participate in the Medicaid Program.

Narrative:
//2007// - This indicator does not apply to Palau as we do not have Medicaid Program. However, Palau has a well-baby clinic with periodic health screening including immunization program. Data from assessment of immunization indicate a coverage of over 98%. This means that a child in this age group in Palau is also seen for periodic health screening annually.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0		
Numerator	0	0	0		
Denominator	259	311	259		
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
/2010/-Although Palau does not participate in the SCHIP Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007
//2008/ - Palau does not participate in the SCHIP, however, please refer to HSCI 02 for clarification on well-baby services.

Notes - 2006
Palau does not participate in the SCHIP Program.

Narrative:
//2007// - Palau does not have State Childrens Health Insurance Program (SCHIP), however we have well-baby services that have routine health screening.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	42	30	27.8	22.9	32.5
Numerator			72	64	53
Denominator			259	279	163
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
/2009/ - In 2008, of the 295 live births, 55% (n=163) were born to women receiving prenatal care in the first trimester. The first trimester entry to prenatal care is further qualified using the Kotelchuck Index or the WHO definition for "appropriateness" of prenatal care. Using these two measures, indicate that the performance indicator has been improving since 2006, along with the appropriateness of the care, based on the Kotelchuck Index. This index shows that on 32.5% of the women who entered prenatal care in the first trimester received the appropriate number of care throughout the pregnancy (=10 prenatal visits). Those who received between 7 and 10 prenatal care/visits during pregnancy was 24% while those who received less than 6 visits throughout the pregnancy was 58%. Utilizing the WHO Standard for adequacy of prenatal care, indicates that 83% of women during this time, had 4 or more prenatal care during pregnancy. The WHO appropriateness of prenatal care measurement does not consider the first trimester entry into prenatal care.//2010//

Notes - 2007
//2008/ - Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Reviewing the initiation and the number of prenatal visits of the 279 mothers who had live births in 2007, 22.9% (n=64) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality. The current Kotelchuck Index of 22.9% of >=80% is low. Of this number, 36% began prenatal services in the first trimester. This is a challenge to the MCH Program to improve on. There are reasons to

believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.
Notes: Revisions were made in the computation of expected prenatal visits. On the old computation, expected number of visits per pregnancy was based on the assumption of 40 weeks Age of Gestation (AOG) which is 14 visits, while in the revised computation, expected number of prenatal visits was based on the actual AOG. For example: initiation of Prenatal began in the 23rd week of pregnancy, total number of visits is 4, and AOG is 35 weeks. In the first computation, with the assumption of AOG of 40 weeks, expected number of visits is 9. This results to the percentage of prenatal visit at 44.4% (4/9). In the revised computation, AOG of 35 weeks has an expected number of prenatal visits of 13, and with the initial visit at 23 weeks, there are 5 missed visits. So the expected number of prenatal visits is 8 (13-5). This results to the percentage of prenatal visit at 50% (4/8). Revisions in computation resulted to an increase in the percentage of Intermediate Care from 20.1% to 20.8% and a decrease in the percentage of Inadequate Care from 57% to 56.3%.

Notes - 2006
Reviewing the initiation and the number of prenatal visits of the 259 mothers who had live births in 2006, 27.8% (n=72) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality.

The current Kotelchuck Index of 27.8% of =80% is low. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.

Narrative:
//2007// - Source of data is PRAMS-like survey, however, we also did chart audit to verify continued low participation. This is inspite of intensive community education and therefore as mentioned in other parts of this document, it may be necessary for us to incorporate these educational issues in the wellness services for women.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0	0	0	0	
Numerator					
Denominator					

Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Final

Notes - 2008
/2010/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009 .//2010

Notes - 2007
/2008/ - Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Medicaid is not available in Palau.//2008//

Notes - 2006
Medicaid is not available in Palau.

Narrative:
//2007// - No Medicaid and SCHIP programs in Palau.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0	91.6	91.6	91.6	
Numerator		480	480	480	
Denominator		524	524	524	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007

//009/- The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up. In 2007, 1365 children from Headstart, 1st, 3rd, 5th, 7th, 9th, and 11th grades were assessed for dental caries/cavities. 35% of all these children were found to have caries/cavities on at least 1 tooth. All these children were referred to the Division of Dental Health for care.//2009//

Notes - 2006
/2008/Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up.//2008//

Narrative:
//2007// - Dental screening is part of school health screening. We collaborate with the division of dental services for referrals to treatment and sealants. In the last two years, there has been a backlog of referrals. There is a need to improve relations with the dental services so that treatment and sealant activities can be improved.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0	53.2			
Numerator		160			
Denominator		301			
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
/2010/- Palau does not have State SSI Program. We cannot report on this indicator. However, in 2008 there were a total of 685 children with special health care needs and out of this number, 348 were children with special needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis//2010//

Notes - 2007
//2008/-Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis.

Notes - 2006

Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. We could not determine proportion of those who needed and received rehabilitative services.

Narrative:
//2007// - There is no SSI program in Palau and therefore rehabilitative services for CHSN is absorbed by Special education program and the government of Palau through Belau National Hospital's Physical Theraphy/Rehabilitative Services and the Bureau of Public Health Home Health Services.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2008	payment source from birth certificate	0	7.8	7.8

Narrative:
//2007// - It is in our plan to look at this indicator as it relates to the health status of pregnant moms in terms of sustance use patterns, pre weight and during pregnancy weight gains, psychosocial issues pre and during pregnancy. There are information coming out of the psychosocial assessment of prenatal and post natal services that we need to look at. They maybe good information that will refocus us on the nexyt needs assessment

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2008	matching data files	0	6.7	6.7

Narrative:
//2007// - Infant mortality has been decreasing since 2004/2005. Discussions with clinicians, prenatal clinic staff has taken place. This process has been set for all infant and fetal deaths. From these discussions we can begin to address clinical and non-clinical practices that may influence this indicator. Public Health Infant Mortality Review continues to be a process that needs to be agreed upon as a health system in Palau.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	matching data files	0	55.3	55.3

Narrative:
//2007// - No Medicaid in Palau or any other poverty or indigent health programs in Palau.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	matching data files	0	32.5	32.5

Narrative:
//2007//- The adequacy of prenatal care has been low inspite of extensive community education. We may need to integrate these activities in wellness services for men and women.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)		

Notes - 2010
/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//

Notes - 2010
/2009/ Palau does not participate in the SCHIP program.//2010//

Narrative:
//2007// - No Medicaid and SCHIP programs in Palau.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range to) (Age range to) (Age range to)		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range to) (Age range to) (Age range to)		

Notes - 2010
/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//

Notes - 2010
2009/ Palau does not participate in the SCHIP program.//2010//

Narrative:
//2007// - No Medicaid and SCHIP programs in Palau. However, a free health screening in the schools and well baby services are available free of charge. Palau MCH Program has a very intensive recruitment that begins from prenatal to birth.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women		

Notes - 2010

/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//

Notes - 2010
2009/ Palau does not participate in the SCHIP program.//2010//

Narrative:
//2007// - No Medicaid and SCHIP programs in Palau. However, a free health screening in the schools and well baby services are available free of charge. Palau MCH Program has a very intensive recruitment that begins from prenatal to birth. After delivery in the hospital, each mom and baby are given a post natal and well baby appointments two weeks after delivery.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2010

Narrative:

//2007// - Palau MCH Program participates in policy development process through call for recommendations on proposed legislations that affect the MCH population. It is also part of the strategic planning process of the Bureau of Public Health.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Youth Tobacco Survey	3	No
School Health Screening & Intervention	3	Yes

Notes - 2010

Narrative:
//2007// - The school health screening data are available in the attached report which we have analyzed substance use patterns of adolescents. This report is attached as part of this document.

IV. Priorities, Performance and Program Activities

A. Background and Overview

//2004// - Five Year Performance Objective

For the most part, the five year performance objectives remained the same. For those where adjustment were made, the explanations are provided in the notes section.

State "Negotiated" Five Year Performance Measures

Palau chose to keep the ten negotiated performance measures that were adopted last year. Although there were changes in the priority listing, it did not warrant changing the state negotiated performance measures.

Development of State Performance Measures

//2004//In our Family Health Conference that was recently held in June, The Bureau of Public Health decided to retain Performance Measures established in 2000 for the next five years. As mentioned earlier in other sections of this document, changing our service delivery model to be more community and family-based, resonated in this conference. Attendants of the conference's most noted comment was that the health indicators of our nation "are indicators of solutions" that people resort to doing. The problems are usually are the underlying factors that causes the indicators to appear as they are and that the health system, in order to understand these 'underlying problems, must be ingrained in communities/families lives.

Discussion of State Performance Measures

//2004//A detailed listing is provided on the negotiated performance measure table. The Negotiated Performance Measure that addresses families has been made the first measure in the order of its importance. Discussion on each of the measure is also provided in the progress report section of this application. There are no significant changes to be explained in this section.

Five Year Performance Objectives

Again, performance objectives are presented on Form 11 and explanations are provided as needed in the notes. A few of the performance objectives had to be revised and in this instance the explanation is provided in the notes.

//2005// - We continue to use the annual Family Health Conference as a medium for identifying and prioritizing oru health issues. In this conference, working groups for each age group are convened to identify ojectives, helath priorities and strategies to address these issues. In this conference, community members are invited to attend, discuss, prioritize and developing strategies to address these problems. The result of this excercise
makes up the content of the Palau's 5 Year Strategic Plan. This plan will soon be finalized and will include in it as partners many programs within the Minstry of Health and other community partners. Also during this conference a consensus and a desire was reached by the community members, that an Advisory body will be organized to assist the Unit on its program and policy acivities.

//2007// - The state performance measures remain as they are. We will retain these measurements until the next needs assesstment in 2009.

/2009/ - The population make-up of the Republic of Palau indicate a stagnant population growth

with more male than female in all age group except for ages 65 years+. Half of the population is of the MCH age group and 33% of this population is made up of children 18 years and under. Migrant population constitute a significant portion of the population (25%, 2005 Census) and account for about 10% of the reproductive age service users of the Maternal and Child Health services of the Bureau of Public Health.

The Infant Mortality has been consistently going down since 1995 with no maternal mortality reported. About 100% of all births are hospital births and are attended by skilled birth attendants (Ob/Gyn or Nurse Midwife). Over 90% of all births have weight equal to or greater than 2500 grams, 91% are appropriate gestation age at birth with over 95% immunized at 35 months and 84% immunized prior to school entry. Injury accounts for 88% of deaths in the 23 years olds and under age group and alcohol is a contributing factor to injury related deaths. Overweight and obesity are risk factors in all age groups, however in children under the ages of 19 years, the risk of hypertension, is being detected in the school-based health screening and intervention initiative. Elevated blood sugar, elevated blood protein and Occult Blood are being detected in children in the primary school level. The established BMI for Palau's children ages between ages 6 and 19 are: mean = 20.39; (sd = 5.38); median = 19.38; mode = 16.61. Bullying is also a risk factor noted in children that influences psychosocial and behavioral problems in children. There is also a high contraceptive prevalence among adolescents however, protection against STI is low. This risk factor including psychosocial issues, are also noted in all women of reproductive age group.

Palau also experiences a Birth-to-Pregnancy Interval of > 2 years with 88% (WHO Index) accessing prenatal care, however, the appropriateness of the prenatal care is around 30% (Kotelchuk Index). Obesity prior to and during pregnancy is a risk factor noted in pregnant women, however, have not been studied thoroughly. Psychosocial issues during and post-pregnancy is also noted in women.

Although it is equally important to address basic preventive and primary health issues, we also need to enable ourselves to be more responsive the changing health risk factors and how they are influenced by factors that are not necessarily health related. Once we acknowledge this, it becomes more important to develop program-based ability to study population risk factors so that programs can be more pro-active to changing health status.
KAP study is important for our population. This will give us true reflection of the health status of the population and in addition will identify certain risks that as health workers we should be aware of.//2010//

B. State Priorities

//2004// Palau will maintain the SNPM for another year. In 2005 we will change as indicated by the Needs Assessment.

LIST OF PALAU MCH PRIORITY NEEDS
FISCAL YEAR 2004

1. To implement a national neonatal hearing screening, diagnostic and treatment as component of Family Health Unit Services.

2. To implement a national neonatal genetic screening, diagnostic and treatment services.

3. To reduce the use of tobacco among children and adolescents.

4. To reduce the rate of depression among adolescents and yougn adults.

5. To reduce the rate of death of children under 24 years of age.

6. To reduce the prevalence of obeisity among children under 14 years of age.

7. To implement a community educator program in all communities of Palau.

8. To reduce the percentage of pre-term delivery to no more than 2 by 2010

9. To provide physical examination to all school children from grades 1 - 12th and to reffer those with risk factors for appropriate intervention

10. To improve the quality of care and care coordination for children with special health care needs.

//2005// - We will continue to carry over these priority needs for 2007. However, slight changes were made for #1, 2, and 5 to be more concrete and more reflective of a statement of objectives. Please refer to Form_____ for details of these change. During the FHU conference, injury as a cause of death of children, adolescents and young adults appeared as one of the most pressing health issue in Palau. Priority 4 and 5 were developed as a link this this health issue.

//2007// - Refer to the report in the attachment.

/2009/ - Palau will maintain its state priorities as proposed in 2005. Changes to these priorities will be made in the 2010 Needs Assessment.//2010

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	90	92	95	97
Annual Indicator	88.8	0.0			
Numerator	230	0			
Denominator	259	317			
Data Source					Newborn Screening Database
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	99	99	99	99	100

Notes - 2008

/2010/ - For 2008, the number of newborn screened were 134 out of 176 births. We began our screening in June 2008 and therefore, the analysis only reflect this time period. For this period, we did not find a child to be positive for any of the conditions we screened.

Since this was our first time in this screening, we identified problems in blood spot collection that we needed to address as a great percentage of tests were required redoing. We have conducted blood spot collection for our nurses. A long term strategy that Palau is undertaking is hiring of the newborn technicians. These technicians will be responsible for blood spot and hearing screening for newborns. We therefore, forsee many issues in this process being corrected in the next year.//2010//

Notes - 2007
/2010/ - Palau did not begin its newborn genetic program until June 2008. Therefore, we do not have data to report for 2007.//2010//

Notes - 2006
Palau has not started with actual genetic screening.

An agreement has been signed between the Family Health Unit/MCH and the University of the Philippines Genetic Screening Program for the latter to do the genetic screening. In this agreement, specimens will be sent to the University by FHU/MCH. However, we are just waiting for the compliance with the shipment/cargo policies to start the genetic screening.

a. Last Year's Accomplishments
/2009/-We began sending specimens beginning mid June 2008. In preparation for this, we conducted
training for staff on blood spot collection. We also developed a process protocol, oriented staff on this process and in addition we trained staff on IATA regulations and requirements. We worked with DHL to contract for air courier services between Palau and the Philippines. We worked with the courier service to assure timely pick up and delivery of specimen to avoid spoilage of specimen.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Finalized contract with the University of the Philippines				X
2. Began screening for 5 congenital genetic/metabilic disorder			X	
3. Established database for information collection				X
4. Adopt UOP Screening Protocols with minor changes				X
5. Established courier contract				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-Two staffs were hired early this year to work with clinicians and lab technicians in collecting packaging specimen to be sent off island. These two staff had undergone trainings on process and protocols and continues to work in the clinic as part of their ongoing trainings. The staffs have also been trained to collect and enter data into data base.//2010//

c. Plan for the Coming Year

/2009/-Ongoing trainings will continue for next year. Staff will be provided with trainings that focus on process as well as further training on data collection and monitoring. We will also be developing information for the media and other health education materials for the community. We will also be working to develop our data base to capture information collected.//2010//

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	55	73	75	78	81
Annual Indicator	72.8	72.8	90.3	90.3	90.3
Numerator	219	219	65	65	65
Denominator	301	301	72	72	72
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	92	92	93	94	95

Notes - 2008
/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

Notes - 2007
//2008// We use data reported in 2006 to populate this table. The survey is conducted every two years. The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have “always” and “some of the time” addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year’s 72% average percentage of their satisfaction.

Notes - 2006
The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have “always” and “some of the time” addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year’s 72% average percentage of their satisfaction.

a. Last Year's Accomplishments

/2009/-The interagency collaborative (medical home) for CSN has been ongoing for over a decade. It is
a permanent system of care within FHU and its other community/agency partners. A SLAIT-Like survey was suppose to be conducted in 2008, however, hiring process of a local parent of CSN intended to conduct the survey was delayed due to recent administration changes in the local government. A case coordination training which was also supposed to take place in December 2008 was also postponed due to the administration change. This training was rescheduled to November of 2009. In early 2008 however, we held a case management and a care coordination training. We've also had in house trainings for service providers on issues relating to care coordination.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Training in case management and care coordination				X
2. Made minor ammendments to the SLAITS-like survey				X
3. Presentation at the MOE Convention on accessing services for CHSCN			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-The SLAIT-Like Survey will be conducted this current year. Organization for this survey is ongoing and people to survey have been identified to conduct the survey. Staff training on counseling skills was conducted through collaboration with the Behavioral Health Department. This provided skill building sessions to all counselors and social workers in Public Health. Another change this year is the creation of a Social Health Unit which will integrate all social services including CSN case coordination into a centralized area and services for CSN will be streamlined. This will enable Family Health to better track and monitor case coordination activities for CSN.//2010//

c. Plan for the Coming Year

/2009/-Hire a parent advocate to work closely with parents of CSN and service providers to ensure that parents are involved in the decision making of their children's care. FHU will continue to provide trainings on case management and care coordination for CSN for parents and service providers. FHU will continue to work to improve its data collection capacity to collect pertinent information for CSN through training of staff and enhancement of existing data base. We will also conduct community outreach to better educate parents and the community on availability and access of services for CSN. We will continue to work with our CAP department in developing health education for the CSN.//2010//

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	55	33	35	37	40
Annual Indicator	30.9	30.9	57.7	57.7	57.7
Numerator	93	93	41	41	41
Denominator	301	301	71	71	71
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	60	62	65	68	70

Notes - 2008
/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication.Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

Notes - 2006
In terms of coordination, 57.8% (average proportion of the four items under the item of coordination) of the family members of children with special health care needs expressed a score of 4 and 5 (in a scale of 5; with 1=poor and 5=excellent). This is the proportion of family members who were satisfied in terms of coordination and comprehensiveness of care. There were four (4) domains to measure this particular question. The overall rating of the coordination (4a) received the low score (50%) and doctor's communication with other health care providers (4c) received the highest (66.7%) agreement of receiving coordinated care. This year's average score is higher (57.8%) than in 2006.

a. Last Year's Accomplishments
/2009/-In 2008, we conducted several trainings to address this component of care for CSN. One was on care coordination and case management process. We had a consultant from the University of Guam who came to Palau and provided a 4-day consultancy on this training. Another training was on communication and customer service. Both of these trainings were open to all collaborative members from, within and outside of the Ministry of Health. A training for school teachers and staff on CSN case coordination was conducted last year in August of 2008. The purpose of this training was to orient school staff in availability and accessibility of services available for CSN.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Attended Training in Guam on WRAP-around System				X
2. Community engagement on access to care in the rural areas through scheduled clinic by a pediatrician and a nurse				X

practitioner				
3. Created specialty clinics in the rural areas for CSHCN				X
4. Provided staff and related agency training in hearing and otitis media				X
5. Conducted motivational interview training to staff				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-SLAIT-Like survey will be conducted this year and results will coincide with the 2010 Needs Assessment. In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families.//2010//

c. Plan for the Coming Year

/2009/-Services are ongoing and we continue to refine our efforts and strategies to better provide comprehensive services to CSN. Ongoing trainings focusing on staff development will be provided in the coming year. We will also conduct parental trainings in central Koror and other outlying states. The purpose of these parental trainings is to train parents on different skills and techniques in working with CSN. FHU will continue to work improve our data collection and monitoring as well as enhance our data base to better monitor and track our CSN activities.//2010//

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	15	17	20	11
Annual Indicator	13.0	13.0	10.6	10.6	10.6
Numerator	39	39	11	11	11
Denominator	301	301	104	104	104
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	12	14	16	18	20

Notes - 2008

/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

Notes - 2007
//2008// - Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

Notes - 2006
Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

a. Last Year's Accomplishments
/2009/-This indicator as reported last year was also very low. We expected it to be low as health care
services for children with special healthcare needs are heavily subsidized by the government of Palau.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided specialty clinics in heairng loss and Language for CSHCN	X			
2. Provided assistance in acquisiiton of hearing aids to children with mild to moderate hearing loss	X			
3. Provided cardiac clinic for CSHCN	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-Health care services for CSN are subsidized by the government of Palau.//2010//

c. Plan for the Coming Year
/2009/-Republic of Palau continues to absorb 80% of cost of health services for CSN.//2010//

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	55	36	38	40	60
Annual Indicator	34.9	34.9	57.7	57.7	57.7
Numerator	105	105	41	41	41
Denominator	301	301	71	71	71
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	62	64	67	69	69

Notes - 2008
/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on “Wrap Around System of Care” and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

Notes - 2007
//2008/ - This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services, and again, since this survey is conducted every 2 years, we use last years' data to prepopulate this table.

Notes - 2006
This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services.

a. Last Year's Accomplishments
/2009/-As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we
opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. In addition, staffs attended a training in Guam on "Wrap Around System of Care" and Medical Home for CSN and high risk

adolescents.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Implemented specialty clinics for CSHCN in the rural areas	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Services are ongoing and SLAIT-LIKE survey will be conducted this year and will lead into the plan for 2010. FHU continues to include community partners in trainings on counseling skills and care coordination. Another training on care coordination and case management trainings to be conducted in November of 2009.//2010//

c. Plan for the Coming Year

/2009/-Continue trainings on staff development in areas of case management and care coordination for CSN and their families. FHU will continue to work to improve data base to better capture CSN activities. We will aslo work with our CAP department to develop health education materials on CSN. We will also continue to work with Special Education in developing trainings for school staff and parents of CSN.//2010//

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective		32	34	36	78
Annual Indicator	29.9	29.9	76.7	76.7	76.7
Numerator	90	90	56	56	56
Denominator	301	301	73	73	73
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-					

year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	82	84	85	85

Notes - 2008
/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fullfilment of life.//2010//

Notes - 2007
//2008/ - fAt average, 76% of family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

Notes - 2006
At average, 76% (56/73) of the family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

a. Last Year's Accomplishments
/2009/-As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Worked with Dr. Johnson and the UHCDS to develop a				X

training for Palau on CHSCN transition, adult life and indepence.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Trainings and collaborative works with outside partners are ongoing. We continue to work with the medical home concept in ensuring that clients receive the necessary and appropriate services needed to transition. FHU will continue to work with parents in providing necessary support to help parents assist CSN in transitioning.//2010//

c. Plan for the Coming Year

/2009/-Ongoing trainings will be provided to service providers and parents on care coordination and parenting skills. FHU will work to identify funding to hire a CSN coordinator who will be responsible in coordination of care for CSN including transition.//2010//

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	99	99	100	100	100
Annual Indicator	95.9	99	97.9	95	96
Numerator	462		333		
Denominator	482		340		
Data Source					Immunization Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

Notes - 2008

/2009/-Data are precalculated and therefore numerators and denominators are not provided to us. Through the efforts of CDC funded immunization program, discussions on developments of new database that will assist us in immunization assessment and follow-up are ongoing. This

ongoing discussions between CDC , Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator for 2010 reporting year. This information system development will enable FHU information system to be linked with Immunization data base.//2010//

Notes - 2007
//2008/ - In 2007, the immunization registry and tracking show that HIB was missed at 15 months for majority of missed immunization. This vaccine cannot be administered after 15 months and therefore in 2007, we see the rate come down as compared to previous years.

Notes - 2006
Children in Palau received their immunization from the Well-baby clinic or in the Dispensaries. In 2006, the total clients in the registry totaled 340 (3 years old). At average, the percentage of 35 month old who received immunization was 98% (333/340). The following are the breakdown of immunization: DTaP-4 (100%), IPV-3 (97%), MMR-2 (96%) and Hep-3 (97%).

Data is taken from the Division of Primary and Preventive Services which pool all data from the Well-Baby Clinic and the Communicable Disease Unit.

a. Last Year's Accomplishments
/2009/-Through the efforts of CDC funded immunization program, discussions on developments of
new database that will assist us in immunization assessment and follow-up are ongoing. This ongoing discussions between CDC, Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator for 2010 reporting year.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducted routine immunization clinic			X	
2. Follow-up for missed appointments		X		
3. Assess Data				X
4. Implemented immunization update with school-based health screening			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-Discussions on development of data base are on-going and we continue to work in improving our current process and in house protocols to better monitor and track this measurement.//2010//

c. Plan for the Coming Year
/2009/-In addition to improving our data collection and database capacity, we plan on conducting trainings for in house staff on issues relating to timely follow ups on immunization and better tracking mechanism to ensure that this indicator is improved.//2010//

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	15	13	11	10	6.4
Annual Indicator	9.5	11.1	7.6	6.5	13.1
Numerator	4	5	10	3	6
Denominator	422	449	1322	459	459
Data Source					Birth Certificate, FHU Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	6	6	5.8	5.6	5.2

Notes - 2008
/2009/-The school health program through the adolescent health collaborative continues to advocate and provide services to assure healthy reproductive health for Palau's children. Included in activities for 2008 are provision of on-site reproductive and sexual health counseling, provision of family planning services, health screening/intervention/referrals/follow-ups and through the Strengthening Project. This project aims to improve health of children through improving health and PE programs in schools. Through this initiative, health and PE teachers are assisted to look at health and PE as integrated subjects. Areas of health that are addressed in this initiative are wellness issues such as physical activity, nutrition, mental, behavioral and emotional health, substance abuse, sexuality and reproductive health. FHU also supports summer camps for children. In these summer camps, FHU incorporate health learnings which becomes part of the summer camps activities. Through this supports, FHU is assisting community NGO to develop culturally appropriate models of intervention for Palau youths. FHU have also conducted gender focus groups on reproductive health that focuses on prevention and life skill building.//2010//

Notes - 2007
//2008/ - About 5.0% (n=14) of the total pregnancies in 2007 are from teenage mothers. Of these, one (1) was 16 years old and two (2) were 17 years old. This brings the 15-17 ASFR at 6.6 per 1,000 women in the said age bracket. An increase is observed in 2007 compared to 2006 at 2.2. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years. Expanding the assessment of the ASFR to 15-19 years old, this has slightly dropped from 18.6 to 18.4 per 1000 women in 2006 and 2007, respectively. An age-specific fertility rate of 18.4 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

The denominator is a population projection for this age group(female), based on the Republic of Palau 2005 Population Cencus

Notes - 2006

This computes for the three-year moving average from 2004-2006.

Pregnancy during adolescent years tends to be unintended and premature. It is also associated with greater risks of dying in pregnancy and complications during delivery. Consequences are also dire because babies born to teenagers run a higher risk of low birth weight, serious long term disability. Having a child during teenage years also limits girls' opportunities for better education, jobs and income. These are strong reasons for Palau's commitment to the most vulnerable group of 15-19 years old.

About 5.4% (n=14) of the total pregnancies in 2006 are from teenage mothers. Of these, one (1) was 17 years old. This brings the 15-17 ASFR at 2.2 per 1,000 women in the said age bracket. A swift decrease is observed in 2006 compared to last year at 11.1. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years.

Expanding the assessment of the ASFR to 15-19 years old, this has dropped from 30.8 to 18.6 per 1000 women in 2005 and 2006, respectively. An age-specific fertility rate of 18.6 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

a. Last Year's Accomplishments

/2009/-The school health program through the adolescent health collaborative continues to advocate and provide services to assure healthy reproductive health for Palau's children. Included in activities for 2008 are provision of on-site reproductive and sexual health counseling, provision of family planning services, health screening/intervention/referrals/follow-ups and through the Strengthening Project. This project aims to improve health of children through improving health and PE programs in schools. Through this initiative, health and PE teachers are assisted to look at health and PE as integrated subjects. Areas of health that are addressed in this initiative are wellness issues such as physical activity, nutrition, mental, behavioral and emotional health, substance abuse, sexuality and reproductive health. FHU also supports summer camps for children. In these summer camps, FHU incorporate health learning which become part of the summer camps activities. Through this supports, FHU is assisting community NGO to develop culturally appropriate models of intervention for Palau youths. FHU have also conducted gender focus groups on reproductive health that focuses on prevention and life skill building.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducted a focus group on reproductive health and family planning to high school and college students				X
2. Provided teen pregnancy education in schools			X	
3. Provided contraceptives, abstinence education and counseling services at the school health clinics			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-In 2009, we began discussions and planning on assessment of the effectiveness of the following initiatives within FHU: School Health Screening and Intervention; Strengthening Project; and Summer Camps. We work with the community NGO to document the model of community based intervention that is being incorporated in their summer camp. We work with Palau YRBS to further analyze the YRBS data to provide us information on risk factors that influences children's sexual practices and their reproductive health. This year through the adolescent collaborative initiative, we began discussions on doing collaborative research with school principals and staff to further look into the results of the school health screening and the YRBS. This collaborative research will enable us to identify potential risk factors that can guide us in designing initiatives and programs in addressing needs that are specific to Palau's children. We have also developed a data base to track our school health interventions which monitors intervention activities for children and youth who are found to have psychosocial issues including those who pose risky sexual behavior.//2010//

c. Plan for the Coming Year

/2009/-School Health Screening and Interventions are ongoing and activities targeting children and adolescents will continue. We continue to work with the schools and our NGO's partners in addressing the reproductive health needs of Palau's children. The adolescent health collaborative team will continue its work on the collaborative research. This research will be support by other multilateral agencies (UNFPA,& UNICEF). We foresee that this process will enable us to build and improve our capacity in areas of research specifically in children and adolescent health. This process will also open doors for us to partner with other international body in addressing issues that are specific to the pacific jurisdiction as well as provide additional resource to Palau's MCH program in addressing the needs of MCH population.//2010//

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	99	83	85	87	90
Annual Indicator	81	53.9	41.5	87.1	81.9
Numerator		132	136	155	104
Denominator		245	328	178	127
Data Source					Dental Serv. Tracking System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	93	93	93	94	95

Notes - 2008

/2009/-FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral Health to increase their effort in preventive dentistry for children. This discussion is undergoing

with the new management in Oral Health Division, we forsee better working relationship and management activity to address this issue.//2010//

Notes - 2007
//2008/- In 2007, this is the first time that Palau has reached its target in the last five years. FHU partners with the Division of Oral Health to continue to improve this measure. In the school health screening, the cavities rate for 3rd graders was 60%. This indicates that extensive work need to continue to lower the percentage of caries. Another partnership is through ECCS and the Association of Governors to assure that all schools in Palau will have classroom sinks for the purpose of improving oral health and personal hygiene issues of school aged children.

Notes - 2006
A total of 41.5% (136/328) of the third grade children received protective sealants (Note: this denominator includes those Grade 3 students who may not need protective sealants). Overall, there are 328 third grade children but only 92% (n=302) of them underwent dental screening by the Dental Unit. Of those who were screened, 69.2% (209/302) required sealants. In actuality, there are a higher proportion of Grade 3 students who received protective sealants, about 65% (136/209) from among those who required sealants.

The Dental Unit of the Ministry of Health conducts yearly screening among children. This is also complemented with the School Health Screening Program of the Bureau of Public Health through the Family Health Unit. A yearly health and psycho-social screening is done that includes screening for dental caries. Any child who has dental problems is referred to the Dental Unit. Group and individual counseling is also done by the Public Health Social Workers on varied issues including dental hygiene and care. In the 2006 School Health Screening, 18.8% (213/1131) of the students (Grades 3, 5, 7, 9 & 11) had dental caries. The mean number of dental caries was 0.5. In 2006 alone, a total of 162 referrals to the dental unit was done (School Health Screening, 2006).

Access to screening, diagnosis and management (care) are well in placed in Palau thru the Dental Unit. There are also on-going oral health promotion and preventive activities. Collaboration is very strong from and among key stakeholders like the Dental Unit, Bureau of Public Health, Schools, parents, students and the communities.

a. Last Year's Accomplishments
/2009/-FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral Health to increase their effort in preventive dentistry for children.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided dental screening and referral to preventive dentistry during school health screening			X	
2. Collaborated with Dental health program on health education during pta's and community engagement activities.				X
3. Discussion with dental health program to streamline screening and intervention to improve converage of children needing care.		X		
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities
/2009/-Current Year: FHU continued to work with Oral Health to ensure that children and adolescents needing dental services are seen and are followed up. Oral Health now has a new Chief and discussions on organizing dental services specific to children and adolescents are ongoing. //2010//

c. Plan for the Coming Year
/2009/-FHU and Oral Health will provide trainings to staff who are involved in the dental screening. In addition to this training, protocols and processes will be revisited and improved.//2010//

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	3912	4789	4836	4875	
Data Source					MOHMIS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2008
/2010/-We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. We also conduct presentations in the 2008 Womens Conference on Child Injury and Child Death. In addition, In the 2008 National Youth Conference, FHU coordinated with other programs in presenting and conducting workshop sessions targeting on underage drinking. FHU also supported various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emegency Health in their initiative "Dewill A Renguk", a "model program" campaign against drunk driving. In 2008, one (1) child died due to motor vehicle crash which was also alcohol related.//2010//

Notes - 2007
//2008/ - No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents in the recent Youth Risk Behavior (2007)Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. The School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students. In addition, many other programs in Palau such as the "Stop Tobacco Use Now" and the "Gen NOW" Projects of the Division of Behavioral Health have been very actively promoting the reduction of use of alcohol and tobacco in the community. FHU and the CHC with their community engagement activities are also working to increase communitiy capacities to lessen the use and risk of tobacco and alcohol.

Notes - 2006
No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents could be likely. In the recent Youth Risk Behavior Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. However, the School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students.

a. Last Year's Accomplishments
/2009/-We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. We also conduct presentations in the 2008 Women's Conference on Child Injury and Child Death. In addition, In the 2008 National Youth Conference, FHU coordinated with other programs in presenting and conducting workshop sessions targeting underage drinking. FHU also support various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emegency Health in their initiative "Dewill A Renguk", a campaign against drunk driving.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaborate with "DeWill a Renguk" Program on drunk driving prevention activtities			X	
2. Provided health education targeting underage drinking			X	
3. Initiated discussion on seat-belt legislation as a component of the Early Childhood legislation (RPPL 8-3)				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-We continue to work with other agencies in addressing this measure. This year we partner with the schools and Ministry of Justice in conducting health education in the schools targeting underage drinking and driving. We've also worked with community NGO's in reviewing existing legislations regarding underage drinking and child death in relation to MVA due to alcohol. //2010//

c. Plan for the Coming Year
/2009/-We continue to work with our collaborating partners in addressing this measure. Discussions on possible legislation on seat belts are ongoing. The Early Childhood Comprehensive System Committee is proposing a legislation on seat belt requirement for children.//2010//

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			60	65	56
Annual Indicator		48.7	58.7	52.4	96.8
Numerator			54	33	92
Denominator			92	63	95
Data Source					FHU Client Tracking System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	97	98	98	98	98

Notes - 2007
//2008/ Comparison of Breastfeeding Practice among Mothers who Gave Birth from Years 2003 - 2007.

Among those mothers who delivered in 2007 and participated in the PRAMS-like survey, 96.5% breastfed their babies. Of those who breastfeed, 44.1% breastfed for 6 months or more while those who breastfed within the first six months was slightly higher at 52.4%. There is a decrease compared with 2003-2004 (46.4%) and 2005/2006 (58.7%). There is a slight decrease of mothers who did not breastfeed in 2007 (3.2%) compared with 2005/2006 (3.3%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 96.9% from years 2003-2007.
-

Notes - 2006
Since the number of mothers who participated in the PRAMS-like survey is low for each year, years 2003 and 2004 were combined together. The same holds true with 2005 and 2006.

Among those mothers who delivered in 2005 and 2006 and participated in the PRAMS-like survey, 96.7% breastfed their babies. Of those who breastfeed, 58.7% had it for 6 months or more. There is a moderate increase compared with 2003/2004 (51.3%). While there is a slight increase of mothers who did not breastfeed in 2005/2006 (3.3%) compared with 2004/2005 (2.9%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 97% from years 2003-2006.

a. Last Year's Accomplishments

/2009/-In 2008, we strengthened the hospital-to-home care for postpartum mothers. This care is to
assure that once breastfeeding is initiated after birth that it continues in the home as well. Breastfeeding counseling is also initiated in the prenatal clinic to delivery.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide one on one counseling at prenatal clinic and in the birthing ward.	X			
2. Provide home visit for lactating mothers.		X		
3. Provide education in the prenatal clinic on every prenatal visits.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Continue efforts in the past. An emerging issue that we will have to do an in-depth investigation
on is the relationship of breastfeeding and jaundice. There are anecdotal evidence that there is a relationship, however, we have not studied this emerging health issue.//2010//

c. Plan for the Coming Year

/2009/-Ongoing hospital to home care services will continue. We continue to provide breastfeeding counseling and health educations in the clinics and during home visits. Nutrition counseling is integrated with the breastfeeding counseling in the clinic during prenatal and postnatal visits. //2010//

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	98	99	85
Annual Indicator	0.0	0.0	50.2	81.4	85.4
Numerator	0	0	130	227	252
Denominator	259	311	259	279	295
Data Source					Newborn Screening Tracking System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last					

year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	87	89	91	95	99

Notes - 2007
//2008/ - There were a total of 279 live births in 2007. Of these newborns, 81.4% (n=227) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 86.3% (196/227) passed the test and 13.7% (31/227) failed in both or either ears.

Among the 31 newborns who failed the OAE test, three (3) or 9.7% (3/31) were tested in only one ear, 25.8% (8/31) newborns failed on both ears. 64.5% (20/31) newborns were tested on both ears and failed the test on either ear.

No infants were tested on the Auditory Brainstem Response Test. However, at 3 months follow-up in the well-baby services, all infants who failed the initial test at births, all passed the OAE and ABR. Therefore, no baby was found to have congenital deafness in 2007.

Notes - 2006
There were a total of 259 live births in 2006. Of these newborns, 50.1% (n=130) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 90% (117/130) passed the test and 10% (13/130) failed in both or either ears. At least one newborn OAE test only in one ear but passed it. Another 25% (65/259) infants born in 2006 underwent screening 1 month or more after hospital discharge. Overall, a total of 195 (75.2%) infants had hearing screening. Among newborns who failed in the hearing screening, re-test were done during follow-up.

The hearing screening officially started in March 1, 2007 after the purchase of the equipment and the training of the health staff (one pediatrician and two ENT nurses). There were two skills-building training, one in Tripler Army Medical Center in Hawaii and in Palau during the delivery of the equipment. From the time that the OAE was done up to December 31, 2006 there were 214 live births. Thus, the actual proportion of newborns screened prior to discharge is 60.7% (130/214). If the other infants who were screened after discharge will be included, the overall proportion of infants who underwent OAE is 91.1% (195/214).

About 6 infants had Auditory Brainstem Response Test and passed.

a. Last Year's Accomplishments
/2009/-Last Year: In 2008 we purchased additional testing machines that will be located in the well baby clinics. The purpose of this additional equipment is to avoid equipment movement from hospital to public health. We are finding out that when there is constant movement of these high technology/delicate equipment, it causes breakage and recalibration. Sending them out of Palau for repairs can be very costly to the program. In 2008, we created two newborn screening technicians position and began the hiring process. These positions will be trained to do testings, follow ups and interventions for the newborn hearing. We also plan to cross train these staff to also perform other functions for the genetic testing which includes collection of specimen, packaging, and data collection.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. Hired two newborn screening technicians				X
2. Provided training to newborn screening technicians				X
3. Newborn technicians are now providing screening services under doctors supervision.			X	
4. Data gathering and reporting are part of their work.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-In 2009, we want to assure that all babies born at Belau National Hospital are screened at or prior to 1-month evaluated by 3 months and begin to receive intervention no later than 6 months of age, for those babies who are found to have congenital hearing problem. We also want to make sure that we continue to screen for hearing problems in older children as Otitis Media is a leading cause of hearing loss in Palau. Two newborn hearing screening technicians were hired this year and undergone in house trainings on ENT protocols and process. In early March, a team of Audiology specialist from Trippler Hospital in Hawaii came to Palau and conducted trainings to staff and we plan on having another training in August of this year. In May of this year, two staff also attended another audiology training in Hawaii. In house trainings for staff are ongoing and we continue to work in providing immediate interventions for those babies needing such services. With the EHDI funding from CDC, Palau is in the process of developing a data base to better monitor and track data for the newborn screening.//2010//

c. Plan for the Coming Year

/2009/-we will continue to provide additional trainings for staff in areas of clinical care, follow-ups and interventions. We also plan on developing educational materials for parents. Further developments of database will continue and we foresee that this will enable us to build our capacity to better monitor this performance.//2010//

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	15.0
Numerator					961
Denominator					6411
Data Source					2000 & 2005 Palau Census of Population
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**

Annual Performance Objective	15	15	15	15	15

Notes - 2008
/2009/-While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication ($6-$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.//2010//

Notes - 2007
//2008/ - While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication ($6-$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

Notes - 2006
While there is only a small proportion of Paluans who are covered with private health/medical insurance, the government heavily subsidizes health care. Thus, it can be said that every child in Palau is covered with social insurance. Generally, basic preventive services are free of charge. These services include those under the Family Health/MCH Program. Children with special health care needs identified in the interagency collaborative process also receive services free of charge. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

a. Last Year's Accomplishments
/2009/- Same process is reported for last year. There is no expectation for change unless the Republic of Palau amends its constitutional provision. FHU services are free. The Republic of Palau continues to subsidize 80% of health care cost.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FHU provide preventive services for all children regardless of the ability to pay.			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-Same process as previous years.//2010//

c. Plan for the Coming Year
/2009/-Same process as previous years.//2010//

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			10	8	6
Annual Indicator					
Numerator					
Denominator					
Data Source					FHU Client Tracking System, MOH Encounter
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	95	95	95	95	95

Notes - 2008
/20010/-In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported. In 2008 work has began to change information collection protocols to include BMI and blood pressure data in the encounter form. The last two years, patient information in the medical chart has been changed to reflect BMI and blood pressure monitoring

information. The next stage is as mentioned changes in encounter form has to be adopted so that electronic collection and monitoring can be implemented.//2010//

Notes - 2007
//2008/ - No data can be supplied in this item since Palau doesn't have a WIC program. Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported.

Notes - 2006
No data can be supplied in this item since Palau doesn't have a WIC program.

Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

a. Last Year's Accomplishments
/2009/-In 2008, although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program. For children under ages 2-5, BMI measurement became required in 2007 as part of charting, however it is not being captured in the encounter information and for this reason we are unable to report it.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. BMI are captured in all services for children in FHU.				X
2. Began work with Director of Public Health to include BMI information in the encounter form.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-BMI is incorporated into the well baby services in the clinic and is being documented in the charts. Discussions on incorporating it in the encounter form are ongoing. BMI is also integrated into the head start screening and we continue to monitor this measurement through this health screening and during well baby clinic.//2010//

c. Plan for the Coming Year
/2009/-Well baby service and health screening will continue. While we are working on incorporating BMI into the encounter forms, we plan on developing in house protocols on

collecting this information at the program level while we work on incorporating it into the Public Health Encounter form.//2010//

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			13	10	55
Annual Indicator			50.0	57.4	
Numerator			16	39	
Denominator			32	68	
Data Source					
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	53	50	47	45	

Notes - 2008
/2009/ We are reporting information for 2007 PRAMS-like Survey. Ammendments to the instrument have been adopted to specifically ask this question.//2010//

Notes - 2007
//2008/ - If we take into account mothers who gave birth in 2007, only 68 of them were interviewed (PRAMS-like Survey) from a total of 279 mothers who had live births. Of these, 57.4% (39/68) continued to smoke during the period of pregnancy. This is higher than in 2006 at 50.0% (16/32 [1 missing data]) and lower in 2005 at 66.7% (42/63 [2 missing data]).

In years 2007, there were 68 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 66.2% (43/65 [1 missing data]) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 57.4% (39/68) continued smoking. Among mothers who smoked, 5.9% (4/68) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (60.5%) maintained (20.9%) or increased (9.3%) their frequency of smoking. In years 2007, the proportion of mothers (57.4%) who continued to smoke is less compared with 2005-2006 at 61.1% but more compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

Notes - 2006
The data is culled from the PRAMS-like survey covering the periods of 2003-2006. With reference to the timing of smoking, the specific question in the PRAMS-like survey did not indicate the last three months of pregnancy. Rather, the question referred to smoking during the most recent pregnancy.

If we take into account mothers who gave birth in 2006, only 33 of them were interviewed from a total of 259 mothers who had live births. Of these, 50.0% (16/32 [1 missing data]) continued to smoke during the period of pregnancy. This is lower than in 2005 at 66.7% (42/63 [2 missing data]).

In years 2005-2006, there were 98 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 69.5% (66/95) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 61% (58/95 [3 missing data]) continued smoking. Among mothers who smoked, 10.8% (7/65 [1 missing data]) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (46.2%) maintained (32.3%) or increased (10.8%) their frequency of smoking. In years 2005-2006, the proportion of mothers who continued to smoke is more (61%) compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

a. Last Year's Accomplishments

/2009/-In 2008 we continue to monitor this performance measure in the Palau PRAMS-like survey.
Although the percentage is still very high, there is a slight decrease since we began monitoring it in 2004. We partnered with the University of Washington student and had drafted an article which has been submitted to Pacific Health Dialogue for publication. This draft article is now under editorial review.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided cessation services in prenatal clinic.			X	
2. Ammended PRAMS-Like survey to include questions on this measurement.			X	
3. Provided nicotine education in prenatal clinics			X	
4. Incorporate nicotine education in breastfeeding education.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-For 2009, we continue to monitor this performance measure in the Palau Prams-like survey.
Although the percentage is still very high, there is a slight decrease since we began monitoring it in 2004. In 2009, the nurses and social workers in the clinic will be responsible to conduct this survey as a means to improve client participation. Through collaboration with our Behavioral Health Department, we now provide interventions for pregnant women who smoke. Pregnant women who smokes are provided individual counseling and are followed up during their pregnancy. In addition, health education on tobacco have been integrated into pregnancy

clinics.//2010//

c. Plan for the Coming Year
/2009/-Services will continue. We will continue to work to increase our collaborative efforts with Behavioral Health Department in monitoring this measurement. Additional trainings will be provided to staff in areas of interventions.//2010//

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	68.4			
Numerator	0	1			
Denominator	1177	1462	1474	1486	
Data Source					Bureau of Public Health Epidemiology
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2008
/2010/- In 2008, out of 1486 children in this age group, there was one 19 year old youth who died fom suicide. There were also two other suicide deaths, one to a 14 year old male and a 21 year old female.//2010//

Notes - 2007
//2008/ - In its committment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2007 School Health Screening, 7.7 % of children reported to have suicide ideation and 32% of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done.

In 2007, there was one case of suicide who was a 14-year old female.

Notes - 2006
There was one 16 year old female who committed suicide in 2006.

Palau is committed to address the health and psychosocial needs of children particularly the vulnerable 15 – 19 years old. Death from suicide is unnecessary as it is preventable. As part of its commitment in this area, the Bureau of Public Health through the Family Health Unit conducts a yearly screening (as part of the School Health Program) among in-school children specifically grades 1, 3, 5, 7, 9 and 11. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. This survey measures the success of the interventions among the youth regarding suicide ideation and suicide. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2005 School Health Screening, 3.7% (42/1131) attempted suicide. Proper interventions through counseling and referrals were done.

a. Last Year's Accomplishments
/2009/-FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure is coordinated through the adolescent health program at the school health clinic. In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In 2008 we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel in suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention In addition to this, we worked with our NGO partners doing community talks on the issue of suicide. FHU also supported various summer camps in 2008 through trainings of peer mentors and camp counselors in areas of resiliency and life skill development for children and adolescents. The annual Health and PE teachers workshop continues to be a venue for building capacity in the schools to address this measure through trainings of teachers and support in the development of educational materials to supplement classroom instructions.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provided psychosocial screening and interventions			X	
2. Provided health education on suicide prevention, depression, and bullying.			X	
3. Provided health education in the various summer camps on self-esteem, problem solving, communication, conflict resolution.			X	
4.				
5.				
6.				
7.				
8.				
9.				

10.				

b. Current Activities
/2009/-The 2008 services are ongoing for this year. FHU continues to work with its collaborative partners and the schools in developing educational strategies and providing trainings on how to effectively work with adolescents in preventing suicide. FHU through the annual Health and PE workshop continues to support schools in developing health initiatives that address this measure. The Ngardmau Elementary School Suicide Prevention initiative addresses suicide at the primary school age level. This initiative aim at preventing suicide by incorporating activities that promotes positive self esteem and positive peer pressure into daily instructions.//2010//

c. Plan for the Coming Year
/2009/-Plan for coming year: Ongoing service will continue. Through meetings with collaborative partners, FHU will conduct parental trainings in areas related to this measure in the coming year. Discussions on the specifics of trainings are ongoing. The primary purpose of these trainings is to strengthen family links and improve parental involvements.//2010//

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		317	259	279	295
Data Source					MOH MIS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2008
/2009/- There were no VLBW infants born in Palau for this reporting year.There has been a trend over the last several years of no VLBW.//2010//

Notes - 2007
//2008/ - Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight or complications. Generally, the newborns are taken cared of at the Nursery which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2007 calendar year, one (1) baby was born weighing 1,500 grams and less (Very Low Birth Weight). About 8.6% (24/279) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. One other mother who had a historical pattern of high risk was sent to the

Philippines to birth her baby. The baby was born in November 2007 and remained in the hospital for 4 months prior to coming to Palau.

Notes - 2006
Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight. Generally, the newborns are taken cared of at the Neonatal Care Unit which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2006 calendar year, no baby was born weighing 1,500 grams and less (Very Low Birth Weight). Overall, about 9.6% (25/259) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams.

a. Last Year's Accomplishments
/2009/-For 2008, one high risk pregnancy was referred to the Philippines prior to 6 months for necessary medical care. The mother was able to safely deliver her baby and returned to Palau. As noted earlier, hospitals in the Philippines are tertiary hospital sites for neonatal intensive care.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. There are no high risk delivery facilities in Palau.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-In 2009, Palau will upgrade neonatal basic equipment and tools such as incubators, infant monitors, and bilirubin lights/blankets as we are seeing increase in numbers of jaundice in newborns.//2010//

c. Plan for the Coming Year
/2009/-FHU continue to work on strengthening health educations for pregnant mothers and women of child bearing age. There are ongoing discussions on the possibility of forming support groups for pregnant women and strengthening interventions that includes home follow ups and intensive case management for high risk pregnant women.//2010//

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008

Annual Performance Objective	51.3	37	45	52	36
Annual Indicator	30.1	61.2	25.5	33.3	55.3
Numerator	78	194	66	93	163
Denominator	259	317	259	279	295
Data Source					FHU Client Information System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	56	57	57	58	58

Notes - 2008
/2009/-Refer to HSCI 05 C.//2010//

Notes - 2007
//2008/ - Of the 279 live infants born to mothers in 2007, 33.3% (n=93) had their first prenatal visits during the first trimester. About 4.3% (n=12) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms. At the same time, we had 3 moms who gave births without prenatal care and accessed birthing/delivery services through emergency room. An issue of hospital cost is appearing to be a barrier to proper care for pregnant women and this may have an impact of the health of the mother and the baby.

Notes - 2006
Of the 259 mothers who gave birth in 2006, 25.5% (n=66) had their first prenatal visits during the first trimester. About 5.4% (n=14) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms.

On the other hand, the PRAMS-like survey of those mothers who recently gave birth in 2005-2006, would show that 75.5% of them had their first prenatal visits on or before 12th weeks AOG. This proportion is higher compared to 2003-2004 (65.1%).

a. Last Year's Accomplishments
/2009/-In 2008 this measurement continued to be monitored in the birth certificates and the PRAMS-like survey.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provide prenatal care promotion during conference and during community engagement.			X	
2. We provided radio talk shows on early childhood, adolescent health and pregnancy.			X	
3. Provided transportation to prenatal moms.		X		
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Because of our declining PRAMS-like survey participants, the nurses in the clinic began administering this survey. This process began in July 2008 and in January 2009, The survey will be administered at three months postnatal care. Calculation of this measure will be captured from the birth certificate as assessment and improvement of service providers' activities on the Birth Certificate are being addressed.//2010//

c. Plan for the Coming Year

/2009/-We will continue to work to improve and monitor this process. We continue to work with our HIS department in enhancing the system to better record this information.//2010//

D. State Performance Measures

State Performance Measure 1: *Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	0
Annual Indicator			0.0	4.4	0.0
Numerator			0	1	0
Denominator			130	227	251
Data Source					Newborn Screening Tracking System
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2007

//2008/ - In 2007, there 31 newborns who failed the initial screening, however, when re-screened at 2 weeks and 3 months, all these newborns passed OAE and/or ABR.

We conducted a regional training on newborn hearing screening. Our counterparts from the 3 jurisdictions, RMI, FSM and Palau participated in this training. In the training we went over the etiology of hearing problems in the pacific and how Micronesia (Palau, FSM and RMI) compare to other pacific islands. We also introduced participants to the hearing screening equipment in Palau and they went through the process of using the equipment on newborns.

Notes - 2006

With the Universal Hearing Screening, majority of newborns in Palau were tested prior to discharge. When the baby fails in the exam, a re-test is done. The same baby is also referred to a specialist. Only 130 of the newborns were tested. Of these, 13 failed and followed up for treatment.

a. Last Year's Accomplishments

/2009/-As an added resource to improve data management for newborn screening program, Palau
submitted a grant application to CDC for EHDI and was awarded the funding. This funding source has enabled us to improve data collection, monitoring, analysis and reporting. It has also enabled us to use this information in further program improvement and strategies to lessen the risk of newborn and young children's hearing loss. Through this funding, we also created two newborn hearing screening technician positions to provide services reported under this measurement.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Began hiring process for newborn hearing technicians				X
2. Conducted staff trainings on screening, testing, follow-ups, interventions, and data management.				X
3. Training in Palau conducted by Tripler Army Medical Center Audiology Department				X
4. Palau was awarded EHDI funding through CDC. Discussions on development and enhancements of system is ongoing.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Two newborn hearing screening technicians were hired this year. This staff will be in charged with the screening, testing, data management, and report development for the program including FHU. We also plan to improve data management skills of staff who are involved in newborn screening. These two staff has undergone in house trainings on process and protocols including follow-ups and interventions. Through collaboration with Trippler Hospital in Hawaii, training was conducted in Palau in March 2009. This provided training to staff in areas of clinical care including testing, referrals, follow-ups and interventions. In addition to this, two staff attended week training on newborn hearing screening in Hawaii in May 2009. Another training is scheduled to take place in August of this year in Palau. This training will also be conducted by the Trippler Hospital Audiology.//2010//

c. Plan for the Coming Year

/2009/-We will continue to work to improve the newborn hearing screening program through staff trainings as well as improve our data collection, monitoring and tracking. We will also work to enhance our data base network to better capture information for this measurement.//2010//

State Performance Measure 2: *Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100

Annual Indicator			0	0	0
Numerator					
Denominator					
Data Source					Newborn Screening Tracking System
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

Notes - 2008
/2009/ - In 2008 we began screening for genetic/metabolic disorder for 5 congenital disorders. Since then, no child have been identified to have any of the 5 disorders.//2010//

Notes - 2007
//2008/ - In 2007-2008 we had to set-up a system in place for implementation of this screening program. Included in this system set-up, was to assure that we comply with IATA regulations on air shipment of biological products. We also trained our staff in the blood spot collection process, drying and packaging for air shipment. We have also contracted with DHL as the air courier for the blood spots and by June 15, 2008, Palau will begin screening for 5 congenital genetic disorders.

Notes - 2006
No screening has been done yet.

At this stage, there is already an agreement with the University of the Philippines Newborn Genetic Screening Program - where the genetic testing will be done. However, we are still threshing-out problems related to cargo and shipment. With the requirements on handling of specimens, the government of Palau through the Family Health Unit and the cargo based in Palau are still complying with the international policies.

a. Last Year's Accomplishments
/2009/-We began sending specimens beginning mid June 2008. In preparation for this, we conducted
training for staff on blood spot collection. We also developed a process protocol, oriented staff on this process and in addition we trained staff on IATA regulations and requirements. We worked with DHL to contract for air courier services between Palau and the Philippines. We worked with the courier service to assure timely pick up and delivery of specimen to avoid spoilage of specimen.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Screening last year in mid June of 2008			X	
2. Contract with the University of Philippine is ongoing				X
3. Began hiring process for newborn screening technicians				X
4. Provided inhouse trainings to staff on protocols and process.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-Two staffs were hired early this year to work with clinicians and lab technicians in collecting and packaging specimen to be sent off island. These two staff had undergone trainings on process and protocols and continues to work in the clinic as part of their ongoing trainings. The staffs have also been trained to collect and enter data into data base.//2010//

c. Plan for the Coming Year
/2009/-Ongoing trainings will continue for next year. Staff will be provided with trainings that focus on process as well as further training on data collection and monitoring. We will also be developing information for the media and other health education materials for the community. We will also be working to enhance our data base to capture information collected.//2010//

State Performance Measure 3: *Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			60	65	70
Annual Indicator			0	0	0
Numerator					
Denominator					
Data Source					FHU Client Information System
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	75	80	85	90	90

Notes - 2008
/2009/ - In 2008, FHU have proposed changes in the patient encounter form so that BMI information can be collected electronically. The information are collected in the patient's chart, however, electronic collection have not been successful. The reason why this should be monitored is to use it as an indication that MOH will need to adopt changes in its wellness services. Also over time, we will be able to see how BMI changes will implementation of evidence based intervention.//2010//

Notes - 2007
//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

Notes - 2006
Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age

at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity.

a. Last Year's Accomplishments

/2009/-FHU MCH Program worked with Palau NCD Program. In 2008, FHU staff conducted trainings for Health and PE teachers for all schools of Palau on BMI measurement and the use of tables and charts. We also trained teachers and mentors for the Palau LEEP Program.We also conducted trainings at Palau Community College. Generally, BMI measurement is now understood in the general population. We are now using it in most of our clinics and the community activities.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided BMI trainings to health and PE teachers.				X
2. Support community initiatives that promote physical activities for children and families.				X
3. Established working relationship with PNOC on developing physical activities for school age children and families.				X
4. Ongoing discussions on integrating BMI information on encounter form.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-We worked with other programs in the Ministry of Health to commonly use BMI as standard measurement. By next year, we will work to establish common collection of BMI information so that we can begin to report on an annual basis. One such way that we can establish common collection of this data is further develop capabilities of the "Palau BMI Calculator" that was established and used since 2007. We have established a working relationship with the Palau National Olympic Committee and we began working to implement initiatives targeting obesity. These initiatives are designed to engage teachers and school staff in routine physical activity that emphasizes on fitness rather than competitive sports alone. Another community initiative that is coordinated and supported by FHU is the Ngarchelong Community Initiative on Physical Activity. This is a physical activity initiative that involves parents, children, and community members. Families design and carry out their weekly exercise activity. The exercise varies from week to week and includes aerobics, swimming, walking, yoga, and others. BMI measurements are monitored and recorded every three months.//2010//

c. Plan for the Coming Year

/2009/-We will continue to provide trainings on BMI measurement. We will work with other public health programs in integrating BMI measurement in other public health clinics. We will also work with other communities in Palau in implementing the Ngarchelong Initiative to further develop our capacity to monitor BMI for women of reproductive age group. We will also work in amending the encounter form to capture information on BMI and blood pressure.//2010//

State Performance Measure 4: *Percent of children in 1st to 12th grade who receive annual health screening*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			60	70	80
Annual Indicator		51	52.6	68.7	71.2
Numerator			1131	1365	1307
Denominator			2150	1987	1836
Data Source					School Health Screening Database
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	90	100	100	100	100

Notes - 2008
/2009/ - In 2008, the coverage for health screening of all students in 1st, 3rd, 5th, 7th, 9th, 11th grades was 71%. The denominator reflect school enrollment for these grades. FHU/School Health continues to provide follow up care and interventions in the schools. Adolescent Collaborative group met earlier in 2008 to discuss the upcoming 2008-2009 school year and discussions on enhancement of current system of care is ongoing. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening.//2010//

Notes - 2007
//2008/ - In 2007, for Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. In 2007 those who were screened were 1st, 3rd, 5th, 7th, 9th and 11th grade levels only. In this reproductive health to 238 students; General Hygiene to 804 students, Alcohol, Tobacco and other Drugs to 450 students and education on screening, 1365 (68.7%) students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 3975 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 841 students; Bullying to 445 students. Individual counseling was also given to 149 individuals. Also, 1209 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

The denominator is a projected enrollment population for the grades screened in 2007.

The denominator for 2006 was edited to reflect population for the grades screened.

Notes - 2006
For the Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. However, starting 2006 those who were screened were 3rd, 5th, 7th, 9th and 11th grade levels only. In this screening, 1131 students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 4,300 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 342 students; reproductive health to 61 students; General Hygiene to 378 students,

Alcohol, Tobacco and other Drugs to 347 students and education on Bullying to 306 students. Individual counseling was also given to 239 individuals. Also, 757 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

Starting this school year (2007-2008), the screening will now include Grade 1.

a. Last Year's Accomplishments

/2009/-FHU/School Health continues to provide follow up care and interventions in the schools. Adolescent Collaborative group met earlier in 2008 to discuss the upcoming 2008-2009 school year and discussions on enhancement of current system of care is ongoing. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing health screening and interventions provided.			X	
2. Provided counseling trainings to teachers.				X
3. Provided trainings on counseling skills to service providers including our external partners.				X
4. Development of "Beahvioral Observation Checklist" tool used by schools to document and referr students who have psychosocial issues				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-Head Start Screening is integrated with the regular school health screening. Head Start is working with FHU in revising PE form. Annual School Screening will continue to cover odd grades 1, 3, 5, 7, 9, 11th. Discussion on developing and integrating various screening tools measuring specific psychosocial issues are ongoing. Tools will be developed and used in the upcoming school year. A new data system capturing intervention and prevention activities have been developed and is being utilized this year to capture all intervention and prevention activities relating to the school health screening. Ongoing trainings for clinicians and social workers and staff involve in the school health screening will continue. Such trainings will focus on interviewing skills and data collection techniques. Trainings on immediate interventions on screening site are also provided to service providers. Trainings on interviewing skills, individual and group counseling, ATOD counseling, and psychosocial assessment writing were conducted in January and May of 2008. Through collaborative work with faith based organizations, FHU will open an Adolescent Health Support Service clinic at one of the catholic high school and this will provide better accessibility and availability of services for the catholic missions' schools.//2010//

c. Plan for the Coming Year

/2009/-The annual health screening and intervention will continue. Ongoing trainings on staff development will continue. FHU will continue to work with the schools and parents in improving referral process and interventions. Discussions on providing parental trainings are ongoing with schools and will be conducted in the next year. The adolescent health collaborative will continue its work in research and monitoring of school interventions.//2010//

State Performance Measure 5: *The rate of depression for adolescents ages 11 - 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			13	11	60
Annual Indicator		149.9	77.8	65.6	
Numerator		365	88	46	
Denominator		2435	1131	701	
Data Source					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	55	50	45	40	40

Notes - 2008
/2009/ - In 2008, Last Year: FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.//2010//

Notes - 2007
//2008/ - In 2007, The School Health Screening showed that 41 per 1000 children (n=55) felt depressed out of 1349 that answered the question. For the group of 11-19, the rate of depression is more prominent than the pre-adolescent age.

Notes - 2006
The School Health Screening, 2006 showed that 78 per 1000 children (n=88) felt depressed among the 1131 screened. About 40.5% of the youth who participated in the YRBS, 2006 felt sad or hopeless. The rate is higher in females than in males with 46.4% and 33.6%, respectively.

Profile of individuals who committed suicide from 1999 to 2004 has shown that 16-20 years old ranked fourth among the age groups with highest cases of suicides (n=7) in Palau . Data representing the in-school youth of Palau have shown that 30.4% of the students had seriously considered attempting suicide with females having higher rate at 38% compared to males at 33.6%.

A qualitative study was done by UNICEF in the Pacific to appreciate the motivations behind suicide among the youth. Among the themes that were extracted from the study participants were the absence of persons to confide with about their problems and the anxiety that goes with the inability to meet the goals and the value systems between traditional with "modern" culture.

However, the YRBS, 2006 also identified that 15.5% of the youth will seriously consider attempting suicide if they thought they had shamed themselves or their family.

a. Last Year's Accomplishments

/2009/-FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing health screening and interventions provided.			X	
2. Counseling trainings for teachers and service providers				X
3. Health education in the schools				X
4. Collaborated with community partners in doing community education.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-FHU continues to conduct trainings for teachers and service providers to better understand and work effectively in addressing this issue. Trainings provided focuses on reducing the level of conflict between parents and teenagers by teaching effective communication and problem-solving skills. Counseling trainings for teachers and school staff that focuses on how to recognize symptoms of depression and ways to help children cope with depression.//2010//

c. Plan for the Coming Year

/2009/-Ongoing services will continue and FHU will continue to monitor this measure. Ongoing trainings will continue and we will continue to work with the schools in improving the referral process as well as interventions.//2010//

State Performance Measure 6: *The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			39	37	35

Annual Indicator		41	25.8		46.1
Numerator			292		602
Denominator			1131		1307
Data Source					School Health Screening Database
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	33	31	29	28	25

Notes - 2008
/2010/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

Notes - 2007
//2008/ - In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

Notes - 2006
The School Health Screening in 2006 showed that 258 (n=292) per 1000 students admitted to use of nicotine. In the 2006 YRBS, 37% (n=180) of those who participated in the study claimed to have smoked during the past 30 days. Of those who smoked, 61.1% (n=111) started smoking before reaching Grade 13.

To address the problem of smoking, the screening is closely coordinated with the Behavioral Health Division who runs the Youth Tobacco Cessation Clinic. Also, the Public Health Social Workers of the FHU/MCH provide education, individual and group counseling on substance abuse including cigarette use.

a. Last Year's Accomplishments
/2009/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Ongoing school health screening and interventions			X	
2. Cessation program conducted in Palau High School				X
3. Health education in the schools on tobacco prevention.			X	
4. Collaborate with STUN in organizing Youth Tobacco Survey			X	

and other prevention activities.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-In January 2009, we began the initial pilot of Cessation at School Health including the implementation of relapse prevention program. The cessation program incorporates life skill sessions that teaches students coping skills as well as refusal skills. We will also work with STUN on Youth Tobacco Survey to continue prevention and intervention services in the schools. We will develop initiatives/activities focusing on refusal skills, self esteem, problem solving, coping skills. Another initiative for next year is to work with school PTA's in strengthening prevention and intervention services in the schools and including training of student peer mentors on delivering prevention messages in the schools.//2010//

c. Plan for the Coming Year

/2009/-FHU will continue to increase its effort in addressing this measurement by working with schools in implementing initiatives that target this measurement. We will continue with the cessation program at the school clinic and extend to other school health clinics in central Koror.//2010//

State Performance Measure 7: *Percent of pregnant women entering prenatal care in the first trimester*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			67	72	36
Annual Indicator		62	25.5	33.3	42.4
Numerator			66	93	125
Denominator			259	279	295
Data Source					FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	39	42	45	48	50

Notes - 2008

/2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

Notes - 2007

//2008/ - In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

Notes - 2006
First trimester initiation of prenatal care accounted 25.5% (n=66) of the 259 women who gave birth in 2006 (Please refer to Performance Measure Number 18).

a. Last Year's Accomplishments
/2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaborate with community partners in providing health education in the community.			X	
2. Conduct radio talk shows on early childhood including pregnancy.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-We continue with the activities in 2008 reporting year, We continue to increase our community engagements in addressing this issue.//2010//

c. Plan for the Coming Year
/2009/-Activities are ongoing and we continue to work with our external partners in addressing this issue. We will work with our CAP department in developing health education materials for pregnant women.//2010//

State Performance Measure 8: *Percent of Pre-term delivery*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			6	5	4
Annual Indicator		7.5	10.8	9.0	8.5
Numerator		24	25	25	25
Denominator		319	231	279	295
Data Source					MOHMIS/Birth Certificates
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	3	2	2	2	2

Notes - 2007
//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

Notes - 2006
There were 10.8% (n=25) of mothers who gave birth less than 37 weeks AOG and 89.2% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

Only 231 mothers were investigated as to AOG at birth since the other mothers had missing data.

a. Last Year's Accomplishments
/2009/-We provided Tobacco Use Cessation and Psychosocial counseling and intervention in the prenatal clinic. Follow-up care for high risk moms is also part of our clinic activities. Our continued concerns despite of these activities is that the Palau PRAMS-like survey continue to show a high rate of Tobacco use during pregnancy. Psychosocial issues during pregnancy also show about 10% rate last year. We do not know, at this time, whether or not these two factors have an influence in our population of pregnant women in relation to preterm births.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided community health education on pregnancy care with community partners.				X
2. Health education on nutrition, exercise, substance use, and psychosocial issues provided in prenatal clinic.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
/2009/-FHU continues to provide services. This year through collaboration with Behavioral Health Department we worked to increase interventions targeting tobacco use and other psychosocial issues. Health education on nutrition and weight management continues to be part of the clinic services.//2010//

c. Plan for the Coming Year
/2009/-FHU continues to work at increasing its interventions for pregnant women. Further discussions on support group for pregnant women are ongoing. We will also work in increasing

our follow ups and home visitations for pregnant women. We also will work with our CAP unit in developing educational materials specifically for pregnant women.//2010//

State Performance Measure 9: *Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			40	50	91
Annual Indicator		31	90.3	90.3	90.3
Numerator			65	65	65
Denominator			72	72	72
Data Source					SLAITS-like Survey
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	91.5	92	92.5	93	93

Notes - 2007
//2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.

Notes - 2006
The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have “always” and “some of the time” addressed issues and concerns of their children. Among the following issues with regard the doctors and other health care providers were: spent enough time with their child (93%); listened to you regarding your child’s health/medical problems (91.7%); been sensitive to your family’s values and traditions (84.3%); Given you enough information about your child’s condition (88.9%); discussed with you concerns relating to your child’s health (88.7%); showed you how to care for your child (93.1%); and Made you feel like an important partner in your child’s care (91.5%).

a. Last Year's Accomplishments
/2009/-We monitor this care component for CSHCN every two years. Another survey was scheduled for the end of 2008, however, with the recent Administration change, the hiring of a parent advocate intended to conduct the survey was put on hold. FHU however continued to provide services for CSN.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Provided case management and care coordination training to service providers.				X
2. Conduct presentations on CSHCN services in conferences and conventions.			X	
3. Conduct High Risk Clinics in rural areas.	X			
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2009/-CSN service continues and FHU continues to work on hiring a parent advocate to conduct survey scheduled for end of 2009. We continue to provide trainings for service providers in areas of care coordination and case management. In may 2009, staff underwent trainings conducted by Behavioral Health Department in areas of motivational interviewing and counseling for children and families.//2010//

c. Plan for the Coming Year

/2009/-The SLAIT-Like survey scheduled for end of 2009 will yield results into the 2010 needs assessment. FHU will continue to provide trainings for service providers in the medical home concept.//2010//

E. Health Status Indicators

Introduction

/2009/ The Infant Mortality has been consistently going down since 1995 with no maternal mortality reported. About 100% of all births are hospital births and are attended by skilled birth attendants (Ob/Gyn or Nurse Midwife). Over 90% of all births have weight equal to or greater than 2500 grams, 91% are appropriate gestation age at birth with over 95% immunized at 35 months and 84% immunized prior to school entry. Injury accounts for 88% of deaths in the 23 years olds and under age group and alcohol is a contributing factor to injury related deaths. Overweight and obesity are risk factors in all age groups, however in children under the ages of 19 years, the risk of hypertension, is being detected in the school-based health screening and intervention initiative. Elevated blood sugar, elevated blood protein and Occult Blood are being detected in children in the primary school level. The established BMI for Palau's children ages between ages 6 and 19 are: mean = 20.39; (sd = 5), median = 19.38; mode = 16.61. Bullying is also a risk factor noted in children that influences psychosocial and behavioral problems in children. There is also a high contraceptive prevalence among adolescents however, protection against STI is low. This risk factor including psychosocial issues, are also noted in all women of reproductive age group. Palau also experiences a Birth-to-Pregnancy Interval of > 2 years with 88% (WHO Index) accessing prenatal care.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	12.4	6.8	9.7	9.0	7.8
Numerator	32	19	25	25	23
Denominator	259	279	259	279	295
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving					

average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007
//2008/- In 2007, nine percent (n=25) of the 279 live births weighed less than 2,500 grams which is a slightly lower than 2006. The rest weighed equal to or more than 2,500 grams.

Notes - 2006
Ten percent (n=25) of the 259 live births in 2006 weighed less than 2,500 grams. The rest weighed equal to or more than 2,500 grams.

Narrative:
/2009/-In 2008, the low birth-weight rate was 7.8% (23 infants). This rate has been coming down in the past 2 years, and we are now seeing a percentage of under 10. These infants were birthed to women between ages 20 -- 40 of which, 78% of them were of Palauan ethnic group and 21% were of Philippine ethnic group. In addition, 40% of the birth mothers were first time moms with also half of them with college education while the other half had either high school or lower education level. 48% of them moms used tobacco during their pregnancy and all these tobacco use occurred in the Palauan ethnic group mothers. In 2008, there were no very low birth-weight infants born.//2010//

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	10.0	5.4	9.7	7.5	7.8
Numerator	26	15	25	21	23
Denominator	259	279	259	279	295
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007
//2008/- In 2007, there are twenty one singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than 2500 grams at 7.5%.

Notes - 2006
There are twenty singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than this at 10%.

Narrative:
/2009/-There were no singleton live births in 2008 weighting less than 1500 grams.//2010//

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**

Annual Indicator	2.3	1.1	0.0	0.4	0.0
Numerator	6	3	0	1	0
Denominator	259	279	259	279	295
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007
//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

Notes - 2006
None of the newborns in 2006 weighed less than 1,500 grams.

Narrative:
/2009/-There were no live births weighting less than 1500 grams in 2008.//2010//

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.5	1.1	0.0	0.4	0.0
Numerator	4	3	0	1	0
Denominator	259	279	259	279	295
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007
//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

Notes - 2006
None of the live singleton newborns in 2006 every weighed less than 1,500 grams.

Narrative:
/2009/-There were no live singleton births weighting less than 1500 grams in 2008.//2010//

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	22.8	0.0	61.5	
Numerator	0	1	0	3	
Denominator	4667	4385	4836	4875	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, there were three (3) deaths due to unintentional injuries among children aged 14 years and younger. This brings the rate of 61.5 per 100,000 populations in this age group. This figure reflect less than 1% death of children of this age group.

Data was taken from Death Certificates of 2007.

Notes - 2006
No one died from unintentional injuries among children aged 14 years and younger.

Data was taken from Death Certificates of 2006.

Narrative:
/2009/-No data available. Refer to Health Systems Capacity Indicator Narrative.//2010//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	4667	4385	4836	4875	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, no deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger although the MVA related deaths are accounted to age group 15 and older (2 deaths). This has been consistent in the last five years.

Notes - 2006
No deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger.

Narrative:
/2009/- No data available. Refer to Health System Capacity Indicator Narrative.//2010//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	36.4	72.2	
Numerator	0	0	1	2	
Denominator	2362	2068	2750	2772	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, there were two deaths registered due to unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes. The rate reflect less than 1% of death in this age group.

Notes - 2006
There was one 17 year old who died due to motor vehicle crash in 2006.

Narrative:
/2009/-No data available. Refer to Health System Capacity Indicator Narrative.//2010//

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	428.5	416.8	13,399.5	1,620.5	
Numerator	20	20	648	79	
Denominator	4667	4798	4836	4875	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3					

years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, there are 1,620 non-fatal injuries for every 100,000 among children aged 14 and younger. This represents 1.6% or 16 per 1,000 injuries in this age group. The small size of population makes the calculation and use of "rate/100,000" an unreasonable indicator for our population. A percent and/or a rate per 1,000 makes more sense to us than a rate indicated in a 100,000. Based on the data that we have, injuries to this age group reflect approximately 17% of all injuries. The denominator is based on the population projection that FHU has established based on 2000 and 2005 census.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Notes - 2006
There are 13,399 non-fatal injuries for every 100,000 among children aged 14 and younger.

Narrative:
/2009/- No data available. Refer to Health System Capacity Indicator Narrative.//2010//

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	85.7	83.4	289.5	41.0	
Numerator	4	4	14	2	
Denominator	4667	4798	4836	4875	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, among the non-fatal injuries, there were 41 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Notes - 2006

Among the non-fatal injuries, there were 289.5 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

Narrative:
/2009/-No data available. Refer to Health System Capacity Indicator Narrative.//2010//

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	635.1	439.9	436.4	36.1	
Numerator	15	12	12	1	
Denominator	2362	2728	2750	2772	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 36 per 100,000 population (in this age group).

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Notes - 2006
Among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 436 per 100,000 population (in this age group).

Narrative:
/2009/- No data available. Refer to Health System Capacity Indicator Narrative.//2010//

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	35.7	11.6	12.0	22.4	
Numerator	21	11	9	17	
Denominator	588	950	753	759	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year,					

and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
/2009/- In 2008, 10.5 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal,Gyn, and family planning clinics and referral are made for STI contact tracing and treatment.//2010//

Notes - 2007
//2008/ - In 2007, 22.4 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal and family planning clinics and referral are made for STI contact tracing and treatment.

Notes - 2006
Chlamydia trachomatis is one of the more common sexually transmitted infections. It's almost always asymptomatic and ascending in nature such that it has dire consequences like Pelvic Inflammatory Disease.

Younger population is also at risk with this infection due to risky behavior and because biologically and physiologically their reproductive system is not fully developed.

In Palau, 6.1 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections.

Population of this group was culled from the Population Projection using exponential methods.

Narrative:
/2009/- There were a 113 test that were done and 4 were postive for chlamydia.//2010//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	16.5	8.3	16.5	22.4	
Numerator	61	30	60	82	
Denominator	3702	3603	3632	3661	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving					

average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008

/2009/-In 2008, about 14.6 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.//2010//

Notes - 2007

//2008/- In 2007, about 22.4 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

Notes - 2006

About 13.7 for every 1000 women aged 20-44 years have had Chlamydia infection. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

Narrative:

/2009/- In 2008, There were a total of 113 positive cases of chlamydia for women ages 20 and over.//2010//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	279	3	0	0	31	245	0	0
Children 1 through 4	1117	11	0	0	123	983	0	0
Children 5 through 9	1558	16	0	0	171	1371	0	0
Children 10 through 14	1961	20	0	0	216	1725	0	0
Children 15 through 19	1498	15	0	0	165	1318	0	0
Children 20 through 24	1297	13	0	0	143	1141	0	0
Children 0 through 24	7710	78	0	0	849	6783	0	0

Notes - 2010

Narrative:

/2009/- In 2008 childrens population profile is changing in Palau. Asian and caucasian population are becoming a presence that FHU will have to begin addressing the ethnic and racial differences.//2010//

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	279	0	0
Children 1 through 4	1117	0	0
Children 5 through 9	1558	0	0
Children 10 through 14	1961	0	0
Children 15 through 19	1498	0	0
Children 20 through 24	1297	0	0
Children 0 through 24	7710	0	0

Notes - 2010

Narrative:
/2009/- There has not been a presence of this ethnic group in Palau since we started monitoring this ethnic population.//2010//

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	5	0	0	0	0	5	0	0
Women 18 through 19	15	0	0	0	0	15	0	0
Women 20 through 34	183	2	0	0	31	150	0	0
Women 35 or older	91	1	0	0	16	74	0	0
Women of all ages	295	3	0	0	47	245	0	0

Notes - 2010

Narrative:
/2009/ - Reviewing the age distribution and profile of women who gave birth in 2008 provides a picture of teen age birth occuring to Palauan ethnic group. This is because the other mojor ethnic presence, Filipino, in Palau are usually transient population. This is a population that comes to

the islands, remain for a few years then return back to the Philippines. They are also the population that if remain, will have children who enters the school system. For all ethnic groups, the age group 20 to 34 is where majority of births occur. But also for the Asian ethnic group, the age group 35 and older is usually not as many presence than the younger age group. This is probably because the younger age group is more apt to travel outside of the Philippines for employment than any other age group.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	1	0	0
Women 15 through 17	5	0	0
Women 18 through 19	15	0	0
Women 20 through 34	183	0	0
Women 35 or older	91	0	0
Women of all ages	295	0	0

Notes - 2010

Narrative:
/2009/ As mentioned in the children's population profile, there has not been a presence of the Hispanic ethnic group in Palau, at least not remaining to live and have children in Palau. This has been the pattern since monotoring of this ethnic group has been part of the Title V MCH Program.//2010//

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	2	0	0	0	0	2	0	0
Children 1 through 4	0	0	0	0	0	0	0	0
Children 5 through 9	1	0	0	0	0	1	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	6	0	0	0	0	6	0	0
Children 20 through 24	3	0	0	0	0	3	0	0
Children 0 through 24	14	0	0	0	0	14	0	0

Notes - 2010

Narrative:
/2009/, In 2008, all deaths in this age group were of the Palauan ethnic group (Native Hawaiian/Pacific Islanders). No death accounted in the Asian group./ In all, there were 24 deaths that occured in this 24 and under age group. Drowning, suicide, and other fatal injuries were main causes of death. In addition, we see other causes such cancer (?) related appearing as a cause of death in this group also. /2010//

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	2	0	0
Children 1 through 4	0	0	0
Children 5 through 9	1	0	0
Children 10 through 14	2	0	0
Children 15 through 19	6	0	0
Children 20 through 24	3	0	0
Children 0 through 24	14	0	0

Notes - 2010

Narrative:
/2009/ As mentioned in other section of this document, no hispanic birth, death and general population profile were identified in th is reporting year. This has been the case over many years.//2010//

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	6412	64	0	0	705	5643	0	0	2008
Percent in household headed by single parent	15.0	0.0	0.0	0.0	15.0	15.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008

Number enrolled in Medicaid		0	0	0	0	0	0	0	2008
Number enrolled in SCHIP		0	0	0	0	0	0	0	2008
Number living in foster home care		0	0	0	0	0	0	0	2008
Number enrolled in food stamp program		0	0	0	0	0	0	0	2008
Number enrolled in WIC		0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	13.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	2008

Notes - 2010

Narrative:
/2009/, Palau also cannot report on this measurement as all entitlement programs that are generally available to the U.S. states and jurisdictions are not available nor are they offered in Palau.//2010//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	6412	0	0	2008
Percent in household headed by single parent	15.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.0	0.0	0.0	2008

Notes - 2010

Narrative:
/2009/ As mentioned in other section of this document, no hispanic birth, death and general population profile were identified in th is reporting year. This has been the case over many years.//2010//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	75
Living in urban areas	0
Living in rural areas	25
Living in frontier areas	0
Total - all children 0 through 19	25

Notes - 2010

Narrative:
/2009/- Seventy five percent of children ages 0-19 reside in central Koror and twenty five percent in rural part of Palau. While the compact road have provided easy access to and from Koror, a majority of this age group is still concentrated in Koror. With the upcoming 2010 Census, we may be able to see some changes.//2010//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	20227.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

Notes - 2010

Narrative:
/2009/-Projection of poverty level is based on a projection by the office of Planning and Statistics. This projection indicates that over 90% of the population are below 200% of poverty income. This income guidelines is based on the US poverty income guidelines as Palau has not formally established its own guidelines. However in some publications it tend to indicate that general income is much lower than that of the US.//2010//

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	6412.0
Percent Below: 50% of poverty	30.4

100% of poverty	54.1
200% of poverty	90.4

Notes - 2010

Narrative:
/2009/- Over 90% of children 0-19 years of age are at 200% poverty level and 54.1% at the 100% poverty level and over 30% below 50% poverty. Palau has not yet established poverty guidelines.//2010//

F. Other Program Activities

//2004// -HU also works with other programs such as HIV/AIDS to assure that pregnant women are counseled and encouraged to receive HIV testing. We attain over 95% HIV screening of our pregnant moms. We also work with the Division of PRimary Health Care to assure that FHU services in Superdispensaries are delivered in quality manner through training of dispensary nurses. We also have assigned a WHNP to each superdispensary to work with the dispensary nurse to assure quality of care for all our services. The CSHCN/High Risk Clinic has increased to twice a week and we are now deliberating on increasing the CSHCN/High Risk Assessment Team Review to twice a month to assure compliance to our Guidelines which calls for at least 2 assessment each year for each child in the database. We have also met with two communities in the north island to introduce staff and services to their areas and hear community concerns to our services and ways that we can improve on them.

FHU also works to maintain the MOU for CSHCN assure that collaboration and databases continue. We think that unless we continue these activities, it will fall through the crack. Because of this MOU, we work with other agencies and NGO's to promote disability issues, lobby for passage of legislations that will improve the conditions of disablity especially children with disabilities in Palau. We have worked in the past to change legislations, influence agency policies and services and initiate infrastructure changes that eventually benefits all people.

FHU continue to work with MOHMIS to assure that the information system is changed to accommodate information needs of the Title V MCH Block Grant. This is an on-going process and that we will continue to be a major player in the process.

//2007// - Most of our collaborative activities have been developed to look at the larger "health" issues of the various mch population and although these are not generally measured under any of the measurements, they are ways we use to establish working relationships with agencies that can influence policies, working regulations so that there can be change to directly influence the results of performance measures and health indicators. At the policy level and regulatory level, reports that we are proposing to publish and circulate will educate stakeholders in this arena so that they can be knowledgeable and active partner in the health and well being of the nation.

G. Technical Assistance

//2004// - TA is requested to support the FHU Administrator to present at a national or regional forum our science-based activities, from service impelementation, monitoring/evaluation to intiating change to address identified health issues.

//2007// - TA is requested to cover 2-day honorarium of FH Administrator present results of school-health screening relating to BMI and 24-hour diet recall of Palau children in the October Micronesian Medical Association Conference in Guam. This is on the return trip from the

Partnership Meeting in Washington D.C., and therefore, no other costs is requested.

Another TA is the continued training of key staff in adolescent health development in Palau.

//2009// - Palau will require a TA on program evaluation.//2010//

V. Budget Narrative
A. Expenditures

/2010/ There is no major variations in expenditure. Leading expenditures continue to relate to personnel services as well as minor changes in expenditure for staff to attend off-island meetings/confereces as well as general supplies. These minor variations in the budget and expenditures are highly dependend on the prices for services or commodities. At the same time, further allocation of budget and movement of expenditures to appropriate local subaccounts can also result in these minor variations between approved line items of the budget. In terms of unobligated funds, program realized minimal unobligated balances at the end of the year for both federal and local contributions. //2010//

B. Budget

/2010/ MATERNAL & CHILD HEALTH SERVICES
Budget Narrative & Justification

I. Personnel……$94,450

Funds are used to pay for key program staff. These staff including personnel who support program data systems, public health nurses who are charged with enabling/population
based services such as well-baby, prenatal and post natal services. Included is a cost of .5 FTE
Pediatrician who supports interagency collaborative clinic activities for Children with Special
Needs.

II. Fringe Benefits……$11,334

Fringe Benefits cost is a standard rate at 12% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security.

III. Travel……$18,000

Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii including the Annual MCH Coordinators Meeting in Hawaii. Additional funds are will also be used CSN parent representatives to the Pacific Interagency Leadership Conference. This parent will be a co-presenter with SSDI Project Coordinator on the result of the Palau SLAITS-Like Survey. We will also use monies under this category to support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel in these remote service sites.

IV. Equipment……$7,697

We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.

V. Supplies……$3,000

Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement.

VI. Contractual……$6,132

Under this category, we request monies to be used for a consultant to assist us in assessing data for the BRFSS development and implementation in Palau. FHU/MCH Program will partner with the Division of Behavioral Health's State Incentive Program to implement the BRFSS. This survey will provide the program with key behavioral patters and health risk factors that the program must address. This is another initiative of the program to partner with other agencies and share cost in initiatives that can enable the program to become more evidence based.

VII. Others……$11,387

Communications & Fuel - $3,947

Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community out reach services including home visitations for children with special health care needs.

Trainings/Meetings - $7,440

We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants.

VIII. Total Amount Requested……$152,000 //2010//

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.